

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

Date of Notification (1) 6/26/14		Name of Building Owner/Operator (2) Stel-Oris LC							
Agencies Notified	Type Notification	Street Address 600 Kings Highway N							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ 08034							
		Name of Contact Colleen Fryberger	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CVS Pharmacy		Type of Facility (4)							
Street Address 600 Kings Highway N		<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) Cherry Hill		Square Feet 75,000	# of Floors 1						
		Bldg. Age 50+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 510 Heron Road		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Bridgeport, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 856-467-2276	License No. 01161						
Start Date (10) 6/21/14	Scheduled Completion Date (11) 7/31/14	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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: in segregated areas; 7/2 3 am start		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Stock Room			X	Floor tile and mastic	225 sf	X			
Mens Room			X	Floor tile and mastic	96 sf	X			
Womans Room			X	Floor tile and mastic	120 sf	X			
Hallway			X	Floor tile and mastic	106 sf	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6 cy	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 6/26/14		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate Enclosure
Coat Closet / Vestibule	N/A	Floor tile and mastic	136 sf	X		

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

Date of Notification (1) <b>06 / 20 / 14</b>			Name of Building Owner/Operator (2) <b>Dunellen Board of Education / Job #1406-4778 Check #</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>High and Lehigh Streets</b> City, State, Zip Code <b>Dunellen, NJ 08812</b> Name of Contact <b>Brian DeLucia</b> Telephone Number <b>220</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Dunellen High School</b>			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 <b>411 1<sup>st</sup> Street</b>			City (5) <b>Dunellen</b>						
County (6) <b>Middlesex</b>			County Code (7) (STATE USE ONLY)		Square Feet <b>81,881</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>			ASCM No. <b>00030</b>		# of Floors <b>2</b>				
Street Address <b>120 North Warren St.</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		Bldg. Age <b>85</b>				
City, State, Zip Code <b>Trenton, NJ 08608</b>			Street Address <b>30 Maple Ave. PO Box 25</b>		Current Use (Prior if being demolished) <b>High School</b>				
Project Manager for Monitoring Firm <b>Dominick Dercole</b>			Telephone No. <b>609-462-3218</b>		License No. <b>00529</b>				
Start Date (10) <b>06 / 30 / 14</b>		Scheduled Completion Date (11) <b>07 / 14 / 14</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥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
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tiles	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbows/Fittings	160 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>			NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>			
City, State <b>Lumberton, NJ</b>			Disposal Date <b>7/14/14</b>		City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>		Date <b>6/30/14</b>			



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

Date of Notification (1) <b>06 / 20 / 14</b>		Name of Building Owner/Operator (2) <b>Atlantic Cape Community College / Job #1406-4774 Check #</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>5100 Black Horse Pike</b>							
		City, State, Zip Code <b>Mays Landing, NJ 08330-2699</b>							
		Name of Contact <b>Mark Streckenbein</b>	Telephone Number <b>4</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Atlantic Cape Community College - Worthington Campus</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1535 Bacharach Blvd.</b>		Square Feet	# of Floors						
City (5) <b>Atlantic City</b>		Bldg. Age							
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>College</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone No. <b>856-985-8800</b>	License No. <b>00529</b>						
Start Date (10) <b>06 / 17 / 14</b>	Scheduled Completion Date (11) <b>06 / 24 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>150 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation, Fittings, Rope Ins.</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Atlantic County Utilities Authority</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/24/14</b>	City, State <b>Egg Harbor Township, NJ</b>						
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>	Signature <i>Jennifer Piraine</i>				Date <b>6/30/14</b>		

NO CK

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

RECEIVED  
JUN 27 PM 5:48

Date of Notification (1) <u>6</u> / <u>20</u> / <u>14</u>		Name of Building Owner/Operator (2) State of New Jersey, Dept of Treasury / Job #1405-4764, Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Division of Property Management & Construction PO Box 0034 City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact Steven Pietrzak, Building Manager Telephone Number 	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) NJ State House Garage Mechanical Room Relocation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 165 West State Street		Square Feet # of Floors Bldg. Age	
City (5) Trenton		County Code (7)(STATE USE ONLY)	
County (6) Mercer		Current Use (Prior if being demolished) Utility	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No.	
Street Address 344 West State Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State, Zip Code Trenton, NJ 08618		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm William Weisgarber, Jr.		City, State, Zip Code Lumberton, NJ 08048	
Telephone No. 609-656-8101		Telephone No. 609-265-2107	
Start Date (10) <u>06</u> / <u>16</u> / <u>14</u>		License No. 00529	
Scheduled Completion Date (11) <u>06</u> / <u>25</u> / <u>14</u>		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM- <u>      </u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Sub Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gasket Insulation	30 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 15		Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 6/25/14		City, State Tullytown, PA			
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 6/20/14	



NO CK

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

Date of Notification (1) <b>06 / 20 / 14</b>		Name of Building Owner/Operator (2) <b>State of New Jersey, Dept of Treasury / Job #1405-4764 Check #</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Division of Property Management &amp; Construction PO Box 0034</b>							
		City, State, Zip Code <b>Trenton, NJ 08625-0034</b>							
		Name of Contact <b>Steven Pietrzak, Building Manager</b>	Telephone Number <b>---</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ State House Garage Mechanical Room Relocation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>165 West State Street</b>		Square Feet	# of Floors						
City (5) <b>Trenton</b>		Bldg. Age							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Utility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>344 West State Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber, Jr.</b>		Telephone No. <b>609-656-8101</b>	License No. <b>00529</b>						
Start Date (10) <b>06 / 16 / 14</b>	Scheduled Completion Date (11) <b>06 / 25 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1 Window @ Powerhouse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulking</b>	<b>34 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1 Window @ Powerhouse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Glazing</b>	<b>70 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/25/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>		Date <b>6/20/14</b>			

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

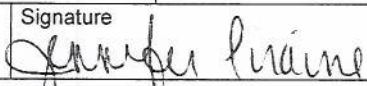
Date of Notification (1) <div style="text-align: center;">06 / 24 / 14</div>			Name of Building Owner/Operator (2) <b>AtlantiCare Regional Medical Center / Job #1406-4777 Check #</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>65 Jimmie Leeds Road</b> City, State, Zip Code <b>Pomona, NJ 08205</b> Name of Contact <b>Frank Casper</b>		Telephone Number <b>800</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center - Mainland Campus</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>65 Jimmie Leeds Road</b>				Square Feet # of Floors Bldg. Age					
City (5) <b>Pomona</b>									
County (6) <b>Atlantic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>James A. Guilardi</b>		Telephone No. <b>609-314-1683</b>		Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>			
Start Date (10) <div style="text-align: center;">06 / 23 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 02 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor EVS break room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Layer Floor Tile	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor Tile	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor Tile	80 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"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Atlantic County Utilities Authority</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>07/03/14</b>		City, State <b>Egg Harbor Township, NJ</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>		Date <b>6/24/14</b>			



NO CK

**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;">06 / 24 / 14</div>		Name of Building Owner/Operator (2) <b>State of New Jersey, Dept of Treasury / Job #1405-4764 Check # 5: 49</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>Division of Property Management &amp; Construction PO Box 0034</b>						
			City, State, Zip Code <b>Trenton, NJ 08625-0034</b>						
		Name of Contact <b>Steven Pietrzak, Building Manager</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ State House Garage Mechanical Room Relocation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>165 West State Street</b>									
City (5) <b>Trenton</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Utility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>344 West State Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber, Jr.</b>		Telephone No. <b>609-656-8101</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">06 / 16 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 31 / 14</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥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 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
1 Window @ Powerhouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	34 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Window @ Powerhouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	70 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/31/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>6/24/14</b>			



PK 1282

Print Form

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

RECEIVED

2014 JUN 27 PM 6:02

ASBESTOS CONTROL & LICENSING

Date of Notification (1) June 24, 2014		Name of Building Owner/Operator (2) State of NJ-DPMC	
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 33 W. State Street	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Pasquale V. Papero	Telephone Number _____

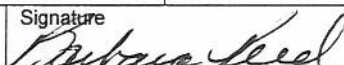
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ DOT Toms River Maintenance Yard		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 739 Route 37 East		Square Feet	# of Floors
City (5) Toms River		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation	
Street Address 120 North Warren Street		Street Address 235 Watchung Avenue		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code West Orange, NJ 07052		
Project Manager for Monitoring Firm Rick Beach		Telephone No. 609-392-4200	Telephone No. 973-669-2900	License No. 01231
Start Date (10) July 7, 2014	Scheduled Completion Date (11) July 14, 2014		Name of OSHA Monitor	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Windows		X		Caulking	980LF	X			
Windows		X		Glazing	3973LF	X			
Building Exterior		X		Expansion Joints	150LF	X			

Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility	
City, State Linden, NJ		Disposal Date		City, State Tullytown, PA	
Completed by Barbara Reed	Title President	Signature 		Date 06/24/2014	

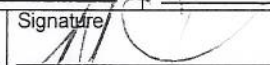
CK # 24567

RECEIVED

2014 JUN 27 PM 6:01

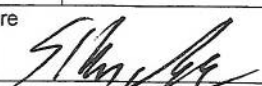
AIR FORCE & LICENSING

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

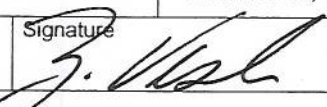
Date of Notification (1) <u>6/25/14</u>		Name of Building Owner/Operator (2) <u>McCue</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>108 Pinckney Rd.</u> City, State, Zip Code <u>Red Bank, NJ 07701</u>						
		Name of Contact <u>Mr. Paul McCue</u>	Telephone Number <u>3010</u>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</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>108 Pinckney Rd.</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>					
City (5) <u>Red Bank, NJ</u>		Bldg. Age <u>80+/-</u>						
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Lou Laureti</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>7/7/14</u>	Scheduled Completion Date (11) <u>7/11/14</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>	<u>240 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<u>Transite</u>	<u>144 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/11/14</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/25/14</u>					



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

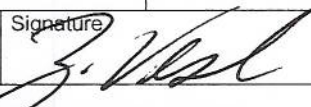
Date of Notification (1) <b>06 / 24 / 14</b>		Name of Building Owner/Operator (2) <b>Parsippany-Troy Hills Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 <b>292 Parsippany Road</b>							
		City, State, Zip Code <b>Parsippany, NJ 07054</b>							
		Name of Contact <b>Tom Gaveaglio</b>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Parsippany High School</b>		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 <b>309 Baldwin Road</b>									
City (5) <b>Parsippany</b>		Square Feet	# of Floors <b>1</b>						
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		ASCM No. <b>0110</b>	Name of Abatement Contractor (9) <b>Pow/R/Save Inc</b>						
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>27 West Street</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>(732) 644-5418</b>	Telephone No. <b>(973) 680-0088</b>						
Start Date (10) <b>07 / 10 / 14</b>		Scheduled Completion Date (11) <b>07 / 18 / 14</b>	License No. <b>357</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor							
Street Address		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>2676</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>main office area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Atlas Disposal Options</b>		NJDEP Waste Hauler ID No. <b>18262</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Tullytown Resource Recovery</b>					
City, State <b>Dover, NJ</b>		Disposal Date <b>1/21/14</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Sharon Hendee</b>		Title <b>Sec/Treas</b>	Signature 				Date <b>6/24/14</b>		

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

Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street					
		City, State, Zip Code Trenton, NJ 08608		Telephone Number					
		Name of Contact Rick Ferrera							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 58 MacArthur Avenue				Square Feet					
City (5) Sayreville				# of Floors					
County (6) Middlesex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		License No. 1188					
Start Date (10) 06 / 25 / 14		Scheduled Completion Date (11) 07 / 30 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) 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
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & Joint Compound	3100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	60 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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 6/24/14			



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

Date of Notification (1) <div style="text-align: center;">06 / 24 / 14</div>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Rick Ferrera</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>86 MacArthur Avenue</b>									
City (5) <b>Sayreville</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>						
Start Date (10) <div style="text-align: center;">06 / 25 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 30 / 14</div>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>	Title <b>President</b>	Signature 			Date <b>6/24/14</b>				

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

Date of Notification (1) <b>06 / 24 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>	
Name of Contact <b>Rick Ferrera</b>		Telephone Number <b>1 800 452-7331</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>98 MacArthur Avenue</b>		City (5) <b>Sayreville</b>	
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY) <b>06</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No. <b>1188</b>	
Street Address <b>P.O. Box 1224</b>		City, State, Zip Code <b>Union, NJ</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	
Start Date (10) <b>06 / 25 / 14</b>		Scheduled Completion Date (11) <b>07 / 30 / 14</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)	
Exterior		1000 SF	
Interior Various Locations		500 SF	
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	
City, State <b>Newark, NJ</b>		Cubic Yards of Waste <b>As Needed</b>	
Disposal Date <b>TBD</b>		Name of Registered Landfill <b>IESI Landfill</b>	
City, State <b>Bethlehem, PA</b>		Signature <i>[Signature]</i>	
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>	
Date <b>6/24/14</b>			

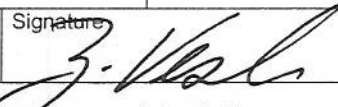


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street</b>	
		City, State, Zip Code <b>Trenton, NJ 08608</b>	
		Name of Contact <b>Rick Ferrera</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>115 MacArthur Avenue</b>			
City (5) <b>Sayreville</b>		Square Feet	# of Floors
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>
Start Date (10) 06 / 25 / 14	Scheduled Completion Date (11) 07 / 30 / 14	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>	
		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney Flashing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Name of Registered Landfill <b>IESI Landfill</b>
City, State <b>Newark, NJ</b>		Cubic Yards of Waste <b>As Needed</b>	Disposal Date <b>TBD</b>
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>	Date <b>6/24/14</b>

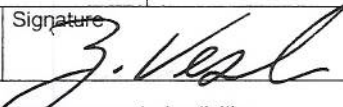
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

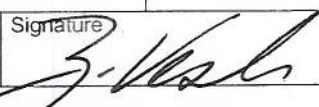
Date of Notification (1) <div style="text-align: center;">06 / 24 / 14</div>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Rick Ferrera</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>85 Weber Avenue</b>									
City (5) <b>Sayreville</b>		Square Feet	# of Floors						
County (6) <b>Middlesex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>						
		License No. <b>1188</b>							
Start Date (10) <div style="text-align: center;">06 / 25 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 30 / 14</div>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Drywall &amp; Joint Compound</b>	<b>4600 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 			Date <b>6/24/14</b>		



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

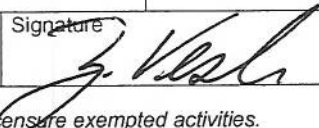
Date of Notification (1) <b>06 / 24 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Rick Ferrera</b>	Telephone Number <b>77</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>88 Weber Avenue</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>Sayreville</b>		County Code (7) (STATE USE ONLY)							
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.							
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>						
Start Date (10) <b>06 / 25 / 14</b>	Scheduled Completion Date (11) <b>07 / 30 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <b>Garfield, NJ 07026</b>							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Drywall &amp; Joint Compound</b>	<b>4300 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>470 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>	Title <b>President</b>	Signature 			Date <b>6/24/14</b>				

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

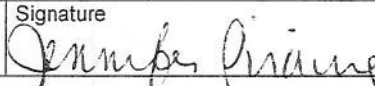
Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>																								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																								
Street Address <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>																								
Name of Contact <b>Rick Ferrera</b>		Telephone Number <b>609-277-5522</b>																								
<b>FACILITY INFORMATION</b>																										
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)																								
Street Address <b>97 Weber Avenue</b>		Square Feet																								
City (5) <b>Sayreville</b>		# of Floors																								
County (6) <b>Middlesex</b>		Bldg. Age																								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)																								
Name of Monitoring Firm hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.																								
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>																								
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>																								
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>																								
Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>																								
Start Date (10) 06 / 25 / 14		License No. <b>1188</b>																								
Scheduled Completion Date (11) 07 / 30 / 14		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>																								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>27 Outwater Lane</b>																								
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																								
City, State, Zip Code <b>Garfield, NJ 07026</b>																										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A																								
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Abatement Type			Removal	Repair	Encapsulate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Enclosure</th> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> </table>		Enclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abatement Type																										
Removal	Repair	Encapsulate																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Enclosure																										
<input type="checkbox"/>																										
<input type="checkbox"/>																										
<input type="checkbox"/>																										
<input type="checkbox"/>																										
<b>Throughout House</b>		<b>Drywall &amp; Joint Compound</b>																								
		<b>4300 SF</b>																								
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>																								
City, State <b>Newark, NJ</b>		Cubic Yards of Waste <b>As Needed</b>																								
Disposal Date <b>TBD</b>		Name of Registered Landfill <b>IESI Landfill</b>																								
City, State <b>Bethlehem, PA</b>		Completed By (Print or Type) <b>Zvonko Veskov</b>																								
Title <b>President</b>		Signature 																								
		Date <b>6/24/14</b>																								



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

Date of Notification (1) 06 / 24 / 14		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact <b>Rick Ferrera</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>105 Weber Avenue</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>Sayreville</b>									
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) 06 / 25 / 14	Scheduled Completion Date (11) 07 / 30 / 14	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input 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
Throughout House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & Joint Compound	4300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>	Title <b>President</b>		Signature 			Date <b>6/24/14</b>			

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

Date of Notification (1) <div style="text-align: center;">06 / 24 / 14</div>		Name of Building Owner/Operator (2) Pennsauken Board of Education / Job #1405-4769 Check #6404							
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 1695 Hylton Road							
		City, State, Zip Code Pennsauken, NJ 08110							
		Name of Contact Jack Killion	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) AE Burling 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 3600 Harris Avenue		Square Feet	# of Floors						
City (5) Pennsauken		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James A. Guilardi	Telephone No. 609-314-1683	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 07 / 08 / 14	Scheduled Completion Date (11) 07 / 21 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breaching	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	85 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Ribbing Gasket Material	100 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 7/21/14	City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine	Title Operations Coordinator		Signature 			Date			