

GL14-008

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

Page 1 of 2

RECEIVED Check #1293

Date of Notification (1) 6-25-2014		Name of Building Owner/Operator (2) Rutherford Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 176 Park Avenue		City, State, Zip Code Rutherford, NJ 07070							
Name of Contact Joseph P Kelly		Telephone Number 781							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutherford Sylvan School MS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 109 Sylvan Street		Square Feet 30,000							
City (5) Rutherford		# of Floors 2							
County (6) Bergen		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 118							
Name of Abatement Contractor (9) GL Group, Inc		Street Address 140 Hamburg Turnpike							
Street Address 464 Valley Brook, Ave #3A		City, State, Zip Code Bloomingtondale, NJ 07403							
City, State, Zip Code Lyndhurst, NJ 07071		Telephone No. 201-710-9725							
Project Manager for Monitoring Firm John Chiaviello		License No. 01084							
Start Date (10) 6-26-2014		Scheduled Completion Date (11) 7-25-2014							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor GL Group, Inc							
Street Address 140 Hamburg Turnpike		City, State, Zip Code Bloomingtondale, 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
See Attached			X			X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS			
City, State Bloomingtondale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 6-25-2014			

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

Date of Notification (1) 6-23-2014		Name of Building Owner/Operator (2) Rutherford Board of Education							
Agencies Notified	Type Notification	Street Address 176 Park Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070 Name of Contact Joseph P Kelly Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutherford Sylvan School MS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 109 Sylvan Street		Square Feet 30,000	# of Floors 2						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 118	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 464 Valley Brook, Ave #3A		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. (201) 438-4839	License No. 01084						
Start Date (10) 6-24-2014	Scheduled Completion Date (11) 7-25-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 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
See Attached			X			X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-23-2014			

GL14-022

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

check # 1287

Page 1 of 1

Date of Notification (1) 6-20-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Evergreen Avenue & Cedar Street					
		City, State, Zip Code Scotch Plains, NJ 07076		Name of Contact Deborah S. Saridaki					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Howard B Brunner Elementary School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 721 Westfield Rd				Square Feet 40,000+					
City (5) Scotch Plains				# of Floors 1					
County (6) Union				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145		License No. 01084					
Start Date (10) 6-23-2014		Scheduled Completion Date (11) 6-30-2014		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 140 Hamburg Turnpike					
				City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Breech	225 SF	X			
Boiler Room	X			Water Tank	200 SF	X			
Boiler Room	X			Pipe Elbows	90 lf	X			
Boiler Room	X			Interior Boiler Mortar	75 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 6-20-2014			

GL14-005

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

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Check #1289

Date of Notification (1) 6-21-2014		Name of Building Owner/Operator (2) State of NJ Department of Military and Veterans Affairs							
Agencies Notified	Type Notification	Street Address 101 Eggerts Crossing 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 Lawrenceville, NJ 08648							
		Name of Contact Mark Ramos	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Orange Armory CSMS Building #1		Type of Facility (4)							
Street Address 1315 Pleasant Valley Way		<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) West Orange		Square Feet 19,360	# of Floors 2						
		Bldg. Age 56							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Armory							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address		Street Address 140 Hamburg Turnpike							
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm		Telephone No. 201-710-9725	License No. 01084						
Start Date (10) 7-2-2014	Scheduled Completion Date (11) 7-30-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Turnpike							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code 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
2nd Floor Exterior Transite panels		X		ACM Siding	1,080 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 6-21-2014		

EDS14-146

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

check #1292

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RECEIVED

Date of Notification (1) 6-26-2014		Name of Building Owner/Operator (2) Denville Township School District							
Agencies Notified	Type Notification	Street Address 400 Morris Ave Suite 279							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Denville New Jersey 07834							
		Name of Contact Jerry Rolph	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lakeview Elementary		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 44 Cooper Road		Square Feet 50,000+	# of Floors 1						
City (5) Denville		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detailed Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Grand Avenue		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201.569.6708	License No. 01084						
Start Date (10) 7-11-2014 after 3:00 pm	Scheduled Completion Date (11) 7-14-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
1st floor bathrooms/Space T13		X		Pipe Insulation	150 LF	X			
1st floor bathrooms/Space T12		X		Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-26-2014			

EDS14-146

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

check #1284

Page 1 of 1

RECEIVED

Date of Notification (1) 6-26-2014		Name of Building Owner/Operator (2) Denville Township School District							
Agencies Notified	Type Notification	Street Address 400 Morris Ave Suite 279							
<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 Denville New Jersey 07834							
		Name of Contact Jerry Rolph	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valleyview Middle School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 320 Diamond Spring Road		Square Feet 50,000+	# of Floors 2						
City (5) Denville		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detailed Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Grand Avenue		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201.569.6708	License No. 01084						
Start Date (10) 7-12-2014	Scheduled Completion Date (11) 7-14-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input 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
1st floor Bathrooms/Space T10		X		Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 6-26-2014		

GL14-022

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

check #1286

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Date of Notification (1) 6-20-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Evergreen Avenue & Cedar Street					
		City, State, Zip Code Scotch Plains, NJ 07076		ASBESTOS CONTROL & LICENSING					
		Name of Contact Deborah S. Saridaki		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Terrill Middle School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1301 Terrill Road				Square Feet 80,000+					
City (5) Scotch Plains				# of Floors 2					
County (6) Union				Bldg. Age 40+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.			ASCM No. 00079		Name of Abatement Contractor (9) GL Group, Inc				
Street Address 20-21 Wagaraw Rd, Building 35E			Street Address 140 Hamburg Turnpike						
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145		License No. 01084					
Start Date (10) 6-23-2014		Scheduled Completion Date (11) 7-21-2014		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turnpike					
				City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Auditorium		X		Spray on Ceiling	3,500 SF	X			
Boiler Room	X			Hot Water Tank	300 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 6-20-2014			

GL14-018

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

Page 1 of 1

REC Check #1288

Date of Notification (1) 6-21-2014		Name of Building Owner/Operator (2) Rockaway Township Board of Education							
Agencies Notified	Type Notification	Street Address 16 School 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hibernia, NJ 07419							
		Name of Contact Donnamarie Palmiere	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dennis O'Brien 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 16 Mineral Springs Drive		Square Feet 40,000+	# of Floors 1						
City (5) Dover		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address		Street Address 140 Hamburg Turnpike							
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm		Telephone No. 201-710-9725	License No. 01084						
Start Date (10) 7-2-2014	Scheduled Completion Date (11) 7-30-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Roof		X		Flashing	700 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-21-2014			

GL14-022

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

check # 1290

Page 1 of 1

Date of Notification (1) 6-23-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address Evergreen Avenue & Cedar 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 Scotch Plains, NJ 07076							
		Name of Contact Deborah S. Saridaki	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J McGinn Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1100 Roosevelt Avenue		Square Feet 80,000+	# of Floors 2						
City (5) Scotch Plains		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145	License No. 01084						
Start Date (10) 7-7-2014	Scheduled Completion Date (11) 7-14-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 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
Boiler Room	X			Breach	300 SF	X			
Boiler Room	X			Boiler Rib Insulation	450 SF	X			
Boiler Room	X			Water Tank	170 SF	X			
Boiler Room	X			Pipe Elbows	60 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 6-23-2014			

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

1079

Date of Notification (1) June 26, 2014		Name of Building Owner/Operator (2) NuStar Energy	
Agencies Notified	Type Notification	Street Address 4501 Tremely Pond Rd (Creek Crossing)	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Linden, NJ	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Roessler, Timothy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number ...	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

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2014 JUN 30 PM 2:03
ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) NuStar Energy		Type of Facility (4)	
Street Address 4501 Tremely Pond Rd (Creek Crossing)		<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) Linden, NJ	Square Feet	# of Floors	Bldg. Age
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Facility	

Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132		Telephone No. (877) 759 - MACK	
				License No. 00781	
Start Date (10) 7/14/14		Scheduled Completion Date (11) 8/14/14		Name of OSHA Monitor The MACK Group, LLC.	

Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034	

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 checked="" 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
Exterior Abatement of pipe coating			X	pipe coating from 245 l/f of pipe	1085 s/f	X			

Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste 10.9		Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Newark / Freehold, NJ		Disposal Date 8/14/14		City, State Newburg / Imperial / Morrisville, PA			
Completed by Mike Cooper		Title President		Signature 		Date 6/26/14	

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

CL# 2646

Pg 2

Date of Notification (1) 1 / 15 / 14		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
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 #10-6/27/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number 201 JUN 30 PM 2:24						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Firestone Library		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 Washington Road									
City (5) Princeton		Square Feet	# of Floors						
		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 7 / 11 / 14	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 Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/ PM- AM *** ON SITE - 6/30/14		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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
Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Liner	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State New Castle, DE			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro / jpl			Date 6/27/14			

Ch # 2646

Pg 1

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

Date of Notification (1) <u>1</u> / <u>15</u> / <u>14</u>		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
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 # 10-6/27/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Firestone Library		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 Washington Road		Square Feet							
City (5) Princeton		# of Floors							
County (6) MERCER		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) Library		Bldg Age							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098							
Street Address Three Terri Center		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keehn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>2</u> / <u>5</u> / <u>14</u>		License No. 00509							
Scheduled Completion Date (11) <u>7</u> / <u>11</u> / <u>14</u>		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 Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM PM- AM ON SITE 6/30/14		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
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 Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	71,198 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	4,660 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Compound	24,690 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State New Castle, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jh</i>		Date 6/27/14			

ASB-41
MAY 11 **B514003-A**

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

Ch# 2647

Date of Notification (1) 6 / 6 / 14		Name of Building Owner/Operator (2) Willingboro Township							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-6/27/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Rev. Dr. Martin Luther King Drive							
		City, State, Zip Code Willingboro, NJ 08046							
		Name of Contact Kerry Ogren	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JFK Community Center		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 429 JFK Way									
City (5) Willingboro		Square Feet	# of Floors						
County (6) Burlington		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Enviromental Connections, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 120 N Warren St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) 06 / 18 / 14	Scheduled Completion Date (11) 7 / 11 / 14	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 Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM - AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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"/> <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) 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
Kitchen, Service Hallway, Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	472 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office/Reception area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	4550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior and Courtyard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door/Window caulk	3100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banquet Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	2500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 6/27/14			

ASB-41
MAY 11 **BS14017**

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