

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

B & G proj. #: 2017-28

Check # 8276

Date of Notification (1) 03/10/16		Name of Building Owner/Operator (2) Linda Baron		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 150px;">MAR - 8 2017</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 150px;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040		
		Name of Contact Linda Baron		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Linda Baron			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address					
City (5) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished) residential		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number (973)696-6869		
Scheduled Start Date (10) 03/16/2017			License Number 00378		
Sched. Completion Date (11) 03/17/2017			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	143 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

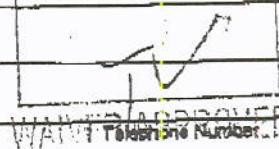
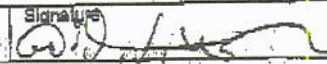
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/17/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/06/2017

CL6914

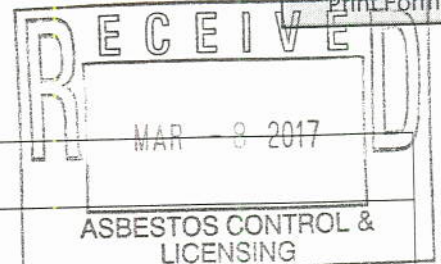
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED
MAR - 8 2017

ASBESTOS CONTROL &
LICENSING

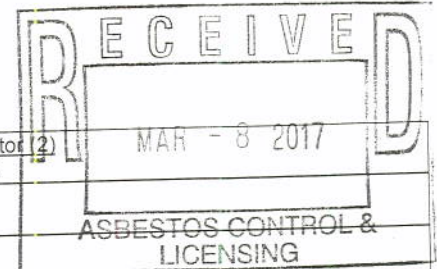
Date of Notification (1) 03/06/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club						
Agencies Notified		Street Address 1 Cherry Hill Lane						
Type Notification		City, State, Zip Code Old Bridge, NJ 08857						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Name of Contact Eric Prieto		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments				Type of Facility (4)				
Street Address 37 Spruce Ln				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Old Bridge, NJ				Square Feet 2,000	% of Floors 2			
County (6) Middlesex				Bldg. Age 65+				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) DIA General Construction, Inc				
Street Address		City, State, Zip Code Clifton, NJ 07012		Telephone No. 973-389-0089				
City, State, Zip Code		Telephone No. 973-389-0089		License No. 00693				
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor DIA General Construction, Inc				
Start Date (10) 03/07/2017		Scheduled Completion Date (11) 03/08/2017		Street Address 1380, Clifton Ave, PMB Suite 218				
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Clifton, NJ 07012						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2160 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 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
37 Spruce Ln-Crawl Space	X		Pipe/ Elbow (insulation)	140 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 3 CY approx		Name of Registered Landfill Minerva Landfill		
City, State New Castle, DE 19720		Disposal Date 03/08/2017		City, State Waynesburg, OH 44688				
Completed by Milan Njezic		Title Vice President		Signature 		Date 03/06/2017		

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



Date of Notification (1) 03/06/2017		Name of Building Owner/Operator (2) Ms. Betty Scalzone							
Agencies Notified	Type Notification	Street Address							
<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 Millstone, NJ Name of Contact Ms. Betty Scalzone							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Millstone, NJ	Square Feet 900	# of Floors 1	Bldg. Age 60+						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc							
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 03/18/2017	Scheduled Completion Date (11) 03/19/2017	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Basement	X			Floor Tile	980 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle		Disposal Date 3/19/2017	City, State Waynesburg, OH 44688						
Completed by Milan Njezic	Title Vice President	Signature 				Date 03/06/2017			

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

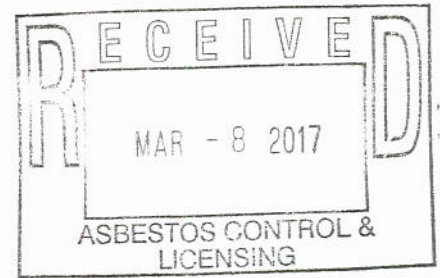


Date of Notification (1) 03/03/17 <i>ck# 26854</i>		Name of Building Owner/Operator (2) Plainfield Board of Education		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR - 8 2017 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled				Street Address 1200 Myrtle Ave City, State, Zip Code Plainfield, NJ 07060	
						Name of Contact Christian Smith, President Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Un-Occupied Administration Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: NA # of Floors: 2 Bldg. Age: 1930's				
Street Address 504 Madison Avenue			Current Use (prior if being demolished): Building Vacated for approx. 2 years				
City (5) Plainfield	County (6) Monmouth	County Code (7) (State Use Only)					
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Inc.		ASCM No.	Name of Contractor (9) Panoramic Window & Door Systems Inc.				
Street Address 1253 North Church Street		Street Address 712 Sergeantsville Road					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Stockton, NJ 08859					
Project Manager for Monitoring Firm Michael R Stocku		Telephone Number 856-840-8800 X23	Telephone Number P (732)926-0900 x102		License Number 01237		
Scheduled Start Date (10) 03/06/17		Scheduled Completion Date (11) 03/24/17		Name of OSHA Monitor IAQ GURU 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 Other - Describe:			Street Address 87 Main Street City, State, Zip Code Lincoln Park, NJ 07035				
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p>≥ 160 sf or ≥ 260 lf</p> </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment SUB-8 <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure </div> </div>							
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose			
Please See Attached List							
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Landfill			
			Disposal Date	City, State Easton, PA			
Completed by (Print or Type) Mark M Jovic		Title Project Manager	Signature <i>M Jovic</i>	Date 3-3-17			

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 3:60-7 and 12:120-7)

Location Asbestos-Containing or Assumed Asbestos-Containing Materials Approximate Amounts

Second Floor Work Area Asbestos Containing Wall Plaster 1,350 Square Feet
Asbestos Containing Ceiling Plaster 800 Square Feet
Asbestos Containing Sheetrock Wall System (Compound) 1,750 Square Feet
Asbestos Containing Sheetrock Ceiling System (Compound) 1,350 Square Feet
Various Flooring Materials (Assumed) 1,500 Square Feet
Vermiculite Type Attic Insulation/ Debris (Assumed) 1,500 Square Feet



First Floor Work Area
Asbestos Containing Wall Plaster 1,850 Square Feet
Asbestos Containing Ceiling Plaster 800 Square Feet
Asbestos Containing Sheetrock Wall System (Compound) 900 Square Feet
Asbestos Containing Sheetrock Ceiling System (Compound) 325 Square Feet
Various Flooring Materials (Assumed) 475 Square Feet



A Service Disabled Veteran
Owned Small Business

TTI Environmental Incorporated
1253 N. Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815



March 2, 2017

Mr. Tom Voorhees
New Jersey Department Labor
Asbestos Control & Licensing
1 John Fitch Plaza, 3rd floor
Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification
Emergency Asbestos Decontamination
504 Madison Avenue
Plainfield, New Jersey 07060

Dear Mr. Voorhees:

The above referenced project is considered an emergency due to delays encountered because of electrical issues within the building. PSE&G was unable to energize the building following a fire until inspections and protocols confirmed that the building met all safety requirements. The project was scheduled to begin over one month ago which has created a schedule hardship for Plainfield Public Schools. This delay has impacted all trades that were scheduled to perform various renovation activities following the required asbestos abatement activities. Below are the asbestos containing materials that requiring abatement within the two work areas of the building.

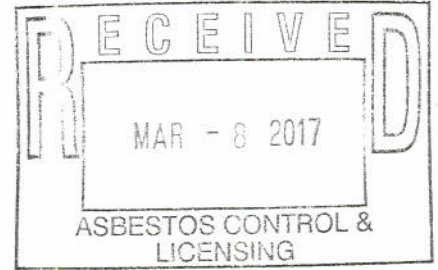
Second Floor Work Area Containment

Location	Asbestos-Containing or Assumed Asbestos-Containing Materials	Approximate Amounts
Second Floor Work Area	Asbestos Containing Wall Plaster	1,350 Square Feet
	Asbestos Containing Ceiling Plaster	800 Square Feet
	Asbestos Containing Sheetrock Wall System (Compound)	1,750 Square Feet
	Asbestos Containing Sheetrock Ceiling System (Compound)	1,350 Square Feet
	Various Flooring Materials (Assumed)	1,500 Square Feet
	Vermiculite Type Attic Insulation/ Debris (Assumed)	1,500 Square Feet



A Service Disabled Veteran
Owned Small Business

TTI Environmental Incorporated
1253 N. Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815



First Floor Work Area Containment

Location	Asbestos-Containing or Assumed Asbestos-Containing Materials	Approximate Amounts
First Floor Work Area	Asbestos Containing Wall Plaster	1,850 Square Feet
	Asbestos Containing Ceiling Plaster	800 Square Feet
	Asbestos Containing Sheetrock Wall System (Compound)	900 Square Feet
	Asbestos Containing Sheetrock Ceiling System (Compound)	325 Square Feet
	Various Flooring Materials (Assumed)	475 Square Feet

Accordingly, the existing situation requires that abatement activities be performed immediately within the building. Delaying the abatement activities will further negatively impact the renovation schedule and create possible financial hardships to the school district. The abatement activities are urgently required to provide a safe environment for the contractors as they occupy the building for the required repairs following the fire.

Thank you for your assistance with this matter. Please call me on my cell phone (609-304-3969) if you have any questions or require additional information.

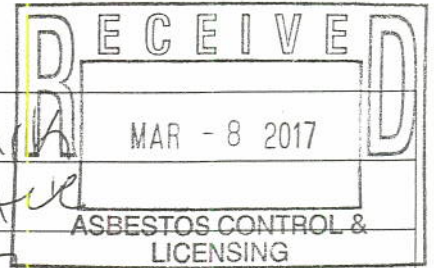
Respectfully Submitted,
TTI Environmental, Inc.



Michael R. Stocku
Project Manager

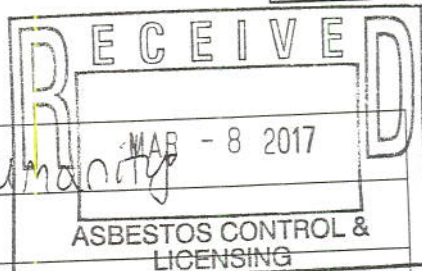
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CX 2629



Date of Notification (1) 3/3/17		Name of Building Owner/Operator (2) Allaire State Park							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4252 Atlantic Ave		City, State, Zip Code Wall, NJ 07727							
Name of Contact Eric Plackis		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Allaire State Park		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4252 Atlantic Ave		Square Feet 1000							
City (5) Wall		# of Floors 1							
County (6) Monmouth		Bldg. Age 150							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.							
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499							
Telephone No.		License No. 01196							
Start Date (10) 3/6/17		Scheduled Completion Date (11) 3/13/17							
Name of OSHA Monitor		Street Address							
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:		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 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
				asbestos blue pipe	80LF	8			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 3		Name of Registered Landfill GROWS Inc.			
City, State Brick, New Jersey				Disposal Date 3/14/17		City, State PA			
Completed by Eric Plackis		Title President		Signature S. Plackis		Date 3/3/17			

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



CK 2630

Date of Notification (1) 3/3/17		Name of Building Owner/Operator (2) Paterson Habitat For Humanity	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 146 N. 1st Street		City, State, Zip Code Paterson, NJ 07522	
Name of Contact Eric Plackis		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) 187 Hamilton Ave.		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		Square Feet 1928	# of Floors 3
City (5) Paterson		Bldg. Age 90	
County (6) Passaic		Current Use (Prior if being demolished) Home	
County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Brick Industries Inc.	
City, State, Zip Code		Street Address P.O. Box 915	
Project Manager for Monitoring Firm		City, State, Zip Code Brick, New Jersey 08723	
Telephone No.		Telephone No. (732)899-7499	License No. 01196
Start Date (10) 3/14/17		Scheduled Completion Date (11) 4/14/17	
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	
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 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	
				Siding	6000 SF					
				Roofing	1200 SF					

Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No 21602	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Inc.	
City, State Brick, New Jersey		Disposal Date 4/15/17		City, State PA	
Completed by Eric Plackis		Title President	Signature [Signature]		Date 3/3/17