

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

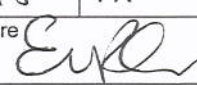
* Check K 6965

Date of Notification (1) February 09, 2015		Name of Building Owner/Operator (2) James J. Ferrelli - Executor							
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 90 11 Ridgeway Street		City, State, Zip Code Mt. Holly, New Jersey 08060							
Name of Contact James J. Ferrelli		Telephone Number 08060							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling		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 11 Ridgeway Street		Square Feet 1880	# of Floors 2						
City (5) Mt. Holly		Bldg. Age 75							
County (6) Burlington County		Current Use (Prior if being demolished) Vacant - Selling House							
County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Quality Environmental Concepts							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None							
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) 02/11/2015	Scheduled Completion Date (11) 02/14/2015		Name of OSHA Monitor Quality Environmental Concepts						
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 1053 North Tuckahoe Road						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Williamstown, New Jersey 08094						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure with Negative Pressure <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
Basement - Heater Rm			✓	Air-Cell pipe insulation & fittings (cementitious)	80 LF				✗
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710		Cubic Yards of Waste 2cy	Name of Registered Landfill Resource Recovery Complex 22000 Burlington-Columbus Rds				
City, State Williamstown, New Jersey		Disposal Date 02-16-15		City, State Manfield, NJ 08022					
Completed by Edward Knorr		Title Vice President		Signature <i>Edward Knorr</i>			Date 2/09/15		

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

CK 1840

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

Date of Notification (1) 3/2/15		Name of Building Owner/Operator (2) Jeffrey Dubrow	
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 P.O. Box 754	
		City, State, Zip Code Morristown, NJ 07957	
		Name of Contact Eric Plackis	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 4501 Church Rd.		<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) Mount Laurel		Square Feet 1352	# of Floors 1
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	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	License No. 01196
Start Date (10) 3/3/15	Scheduled Completion Date (11) 3/6/15	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
			Asbestos floor tile
			700SF
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Name of Registered Landfill GROWS
City, State Brick, New Jersey		Disposal Date 3/19/15	City, State PA
Completed by Eric Plackis	Title President	Signature 	Date 3/2/15

NO CR

700

Print Form

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

Date of Notification (1) 02/27/15		Name of Building Owner/Operator (2) Estate Found LLC.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 380 Lexington Ave. Suite 4005							
		City, State, Zip Code New York, NY 10168							
		Name of Contact Albert Mazzuca	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 123 44th. St.		Square Feet 8000	# of Floors 2						
City (5) Union City		Bldg. Age 95							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Store							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 02/11/15	Scheduled Completion Date (11) 03/07/15	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	Enclosure
roof			*	roofing material	10,000sf.	*			
1st. floor			*	pipe insulation	220lf.	*			
boiler room			*	transite ceiling panels	80sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ		Disposal Date 03/09/15		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 				Date 02/27/15		



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITY

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 3 / 2 / 2015

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Cherry Hill Board of Education

Street Address: 45 Ranoldo Terrace City: Cherry Hill State: NJ Zip: 08034

Name of Contact: Tom Carter

Telephone No. _____

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Joyce Kilmer Elementary School

Describe Facility Use: School

Street Address: 2916 Chapel Avenue West City: Cherry Hill State: NJ Zip: 08002

County Name: Camden

County Code (State Use Only): _____

Scheduled Start Date: 3 / 11 / 2015

Scheduled Completion Date: 3 / 12 / 2015

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☒ Activity Performed Outside Normal Facility Hours—Describe: 2nd Shift

☐ Other—Describe: _____

Scope of Work (check all that apply):

☒ Floor Tile

Square Footage: 700 SF

Percentage Asbestos: %

☒ Mastic

Square Footage: 700 SF

Percentage Asbestos: %

☐ Transite

Square Footage: _____

Percentage Asbestos: %

☐ Roofing

Square Footage: _____

Percentage Asbestos: %

☐ Siding

Square Footage: _____

Percentage Asbestos: %

☐ Other: _____

Square Footage: _____

Percentage Asbestos: %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC

Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue

City: Maple Shade

State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): TTI Environmental, Inc.

Telephone No.: 856-840-8800

V. SIGNATURE

Completed By

(type or print legibly):

Christina Lynch

Title:

Operations Manager

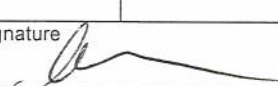
Signature: 

Date:

March 2, 2015

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

check 13673


Date of Notification (1) 3/2/15		Name of Building Owner/Operator (2) J Carlo							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	9863 Darby Creek Avenue NW							
		City, State, Zip Code Concord NC 28027							
		Name of Contact Joe Carlo	Telephone Number						
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 340 Hillside Avenue		<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) Nutley		Square Feet 2300	# of Floors 2						
		Bldg. Age 55							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 3/11/15	Scheduled Completion Date (11) 3/30/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
storage & furnace room			x	pipe insulation	15 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State					
Completed by A. Scott Higgins		Title President		Signature 			Date 3/2/15		

NO CK

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

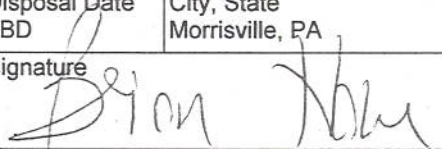
Date of Notification (1) <div style="text-align: center;">2 / 6 / 15</div>		Name of Building Owner/Operator (2) E.I. duPont de Nemours							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/2/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road City, State, Zip Code Parlin, NJ 08859 Name of Contact Nichol Reinhold Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425		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 250 Cheesequake Road		Square Feet	# of Floors						
City (5) Parlin		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <div style="text-align: center;">3 / 2 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">3 / 18 / 15</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> 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"/> ≥160 sf or ≥260 lf		<input checked="" 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) 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
Building 325 Various Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State BRISTOL, PA		Disposal Date 3/18/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni/jl</i>			Date 3/2/15		

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

Date of Notification (1) March 3, 2015		Name of Building Owner/Operator (2) Lenape Regional School District		Check #	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		93 Willow Grove Road	
				City, State, Zip Code Shamong, NJ 08088	
				Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Lenape Regional High School				Type of Facility (4)	
Street Address 235 Hartford Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Medford				Square Feet 21,000	# of Floors 2
				Bldg. Age 70	
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCN No. 00127		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 307 N. Walnut Street				Street Address 623 Cutler Avenue	
City, State, Zip Code West Chester, PA 19380				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610-431-7545		Telephone No. 856-755-0099	License No. 00842
Start Date (10) April 2, 2015		Scheduled Completion Date (11) April 11, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address	
<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: _____				200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
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) 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)
	Yes	No	N/A		
Stairwells 17 and 19		XXX		Plaster	38 SF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ				Disposal Date 4/11/2015	City, State Newburg, PA
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 3/3/2015

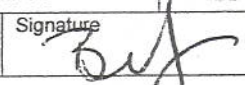
CK 2235

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

Date of Notification (1) 03-03-2015		Name of Building Owner / Operator (2) Kennedy University Hospital							
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 18 E. Laurel Road						
			City, State & Zip Code Stratford, NJ 08084						
			Name of Contact Mr. Robert Reed						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-1 st Floor Cast Room		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 18 E. Laurel Road		Square Feet 250,000	# of Floors 2						
City (5) Stratford, NJ 08084	County (6) Camden	County Code (7)	Bldg. Age 52						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso	Telephone Number 215-244-1300	Telephone Number 609-977-6159	License Number 01185						
Scheduled Start Date (10) 3-16-2015	Scheduled Completion Date (11) 04-03-2015	Name of OSHA Monitor J&S Environmental Laboratories Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 2 nd Shift Describe: 4:00PM to 1:00AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or 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	Encapsulat	Enclosure
1 st Floor Cast Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Cast Room-ceiling deck above suspended ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray applied Fire Proofing	300 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"/>
	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 			Date 03/03/2015		

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

2015 MAR -5 AM 1:36
 ASBESTOS CONTROL
 & LICENSING


Date of Notification (1) 3/3/15		Name of Building Owner/Operator (2) 413 Washington Ave, LLC							
Agencies Notified	Type Notification	Street Address 413 Washington Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Spring Lake, New Jersey							
		Name of Contact mike	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 413 Washington Ave, LLC property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 413 Washington Ave		Square Feet 2200	# of Floors 2						
City (5) Spring Lake		Bldg. Age 60+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 3/12/15	Scheduled Completion Date (11) 3/18/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
outdoors			x	siding	1900 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 3/18/15		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 3/3/15			

**Emergency* Survey*


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

Date of Notification (1) 3/3/15		Name of Building Owner/Operator (2) Marjorie Furlong		2015 MAR -5 AM 1:34					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		120 Lake Ave					
				City, State, Zip Code Manasquan, New Jersey 08736					
				Name of Contact mike					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Furlong Residence				Type of Facility (4)					
Street Address 77 Channel Drive				<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) Brick				Square Feet 2300	# of Floors 2				
County (6) Ocean				Bldg. Age 65+					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address			Street Address 95 Montrose Road						
City, State, Zip Code			City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 3-4-2015		Scheduled Completion Date (11) 3-10-15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm				City, State, Zip Code					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
outdoors			X	siding	2000 sf	X			
kitchen and hallway			X	floor tile and mastic	108 sf	X			
utility room			X	linoleum and mastic	18 sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.			NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill Chrins				
City, State Colts Neck, New Jersey			Disposal Date 3-10-15		City, State Easton, PA				
Completed by Bree McGuire			Title Secretary Treasurer		Signature <i>Bree McGuire</i>		Date 3/3/15		

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


Date of Notification (1) 3/3/15		Name of Building Owner/Operator (2) Scott Sheedy Private Home							
Agencies Notified	Type Notification	Street Address 10 Lakeside Drive							
<input checked="" 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 Medford NJ 08055							
		Name of Contact Scott	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Scott Sheedy Private Home		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 10 Lakeside Drive		Square Feet 1000+	# of Floors 1						
City (5) Medford NJ 08055		Bldg. Age 35+							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/16/15	Scheduled Completion Date (11) 3/20/15	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/20/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 3/3/15			

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

Date of Notification (1) 3/3/15		Name of Building Owner/Operator (2) Zackaria Alvia <i>Private Home</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 116 N texas Ave City, State, Zip Code Atlantic City NJ Name of Contact Zackaria						
			Telephone Number 						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Zackaria Alvia <i>Private Home</i>		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 116 N texas Ave		Square Feet 1000+	# of Floors 2						
City (5) Atlantic City NJ		Bldg. Age 35+							
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 		Street Address PO Box 329							
City, State, Zip Code 		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm 		Telephone No. 	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 3/16/15		Scheduled Completion Date (11) 3/20/15							
Name of OSHA Monitor Same									
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 							
		City, State, Zip Code 							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	window caulk	200 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/20/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 3/3/15			

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


CR 4679

Date of Notification (1) 3/2/14		Name of Building Owner/Operator (2) David Ledger Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 Kansas City, State, Zip Code Little Egg Harbor NJ 08070 Name of Contact David					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) David Ledger Private Home				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 19 Kansas				Square Feet 1000+					
City (5) Little Egg Harbor NJ 08070				# of Floors 1					
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
				License No. 00727					
Start Date (10) 3/3/15		Scheduled Completion Date (11) 3/6/15		Name of OSHA Monitor Same					
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 City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Siding			x	Exterior Siding	1400 SF	x			
kitchen			x	Floor Tile	100 SF	x			
through-out			x	drywall	1500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 		Date 3/2/15			

Emergency

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

CK 4696

Date of Notification (1) 3/4/15		Name of Building Owner/Operator (2) David Sellers private Home							
Agencies Notified	Type Notification	Street Address 807 Lorillard Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union Beach NJ 07735							
		Name of Contact Daved	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) David Sellers private Home		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 807 Lorillard Avenue		Square Feet 1000+	# of Floors 1						
City (5) Union Beach NJ		Bldg. Age 35+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/5/15	Scheduled Completion Date (11) 3/7/15	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Porch			x	Black paper	70 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/9/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 3/4/15			

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

Date of Notification (1) 3-2-15		Name of Building Owner/Operator (2) Brian Danner	
Agencies Notified	Type Notification	Street Address 315 Salem Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Union, NJ, 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Brian Danner	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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 1300 SF	# of Floors 2	Bldg. Age 80
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 3-11-15		Sched. Completion Date (11) 3-12-15		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	130 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 3-13-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 3-2-15		

B & G proj. #: 2014-227

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

*** EXTRA FOOTAGES ***

Check # 7096

Date of Notification (1) 10/21/2014/11/15/		Name of Building Owner/Operator (2) Clara Maass Medical Center	
Agencies Notified	Type Notification	Street Address 1 Clara Maass Drive	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Belleville, NJ 07109	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	Name of Contact Luis Caceres	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Main Hospital, Entrance (NON SUB 8)			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 1 Clara Maass Drive			Square Feet		
City (5) Belleville			County (6) Essex		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) Hospital NON SUB 8
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/22/2014		Sched. Completion Date (11) 03/31/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied & start: 7:00am			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ 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						
Ground fl lobby & adj to lobby			<input checked="" type="checkbox"/>	pipe fittings / pipe fittings	10 / 1 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground fl foyer			<input checked="" type="checkbox"/>	pipe fittings	4 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor next to sprinkler room			<input checked="" type="checkbox"/>	pipe insulation & pipe fittings	15 lf / 4 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground fl adj to stairs			<input checked="" type="checkbox"/>	pipe insulation	125 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground fl former office			<input checked="" type="checkbox"/>	pipe insulation	50 lf	<input checked="" 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 5 yards	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 03/02/2015		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 02/20/2015		

Re: One page attachment to 10-day initial notification dated 12/15/2014 for asbestos removal at: **Clara Maass Medical Center, 1 Clara Maass Drive, Belleville, NJ 07109**

Original project start date: 12/22/2014

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
1 st fl. men's room in chase	NO	Pipe insulation	10 lf	X	
1 st fl. hallway	NO	Pipe fittings	25 fittings	X	
1 st fl. vault	NO	Floor tile & mastic	40 sf	X	
Roof Perimeter & partitions	NO	Roof flashing	500 lf	X	
East & West roofs	NO	Black asphaltic tar layering	100 sf	X	
Ground floor Ceiling plenum	NO	Pipe insulation	75 lf	X	
Ground floor cafeteria	NO	Pipe insulation	15 lf	X	

ADDITIONAL NEW quantities are highlighted in **YELLOW**

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

B & G proj. #: 2014-227

*** RESUME & EXTRA FOOTAGES ***

Check # 7064

Date of Notification (1) <u>10/11/13 10/11/15</u>		Name of Building Owner/Operator (2) Clara Maass Medical Center	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 1 Clara Maass Drive	
		City, State, Zip Code Belleville, NJ 07109	
		Name of Contact Luis Caceres	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Main Hospital, Entrance (NON SUB 8)			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 1 Clara Maass Drive			Square Feet # of Floors Bldg. Age		
City (5) Belleville	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital NON SUB 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/22/2014		Sched. Completion Date (11) 02/28/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied & start: 7:00am				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input 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 checked="" 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						
Ground fl lobby & adj to lobby			<input checked="" type="checkbox"/>	pipe fittings / pipe fittings	10 / 1 fittings	<input checked="" type="checkbox"/>			
Ground fl foyer			<input checked="" type="checkbox"/>	pipe fittings	4 fittings	<input checked="" type="checkbox"/>			
Ground floor n.xt to sprinkler room			<input checked="" type="checkbox"/>	pipe insulation & pipe fittings	15 lf / 4 fittings	<input checked="" type="checkbox"/>			
Ground fl adj to stairs			<input checked="" type="checkbox"/>	pipe insulation	125 lf	<input checked="" type="checkbox"/>			
Ground fl former office			<input checked="" type="checkbox"/>	pipe insulation	50 lf	<input checked="" type="checkbox"/>			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 5 yards	Name of Registered Landfill Tullytown Resource & Recovery Center					
City, State Lincoln Park, NJ		Disposal Date 03/02/2015		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			Date 01/30/2015		

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

2 # 2773

Date of Notification (1) 2 / 11 / 15		Name of Building Owner/Operator (2) Verizon							
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 # 2-3/2/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		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 95 Williams St.									
City (5) Newark	Square Feet	# of Floors	Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 3 / 3 / 15	Scheduled Completion Date (11) 3 / 5 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Throughout 10 th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	75 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 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 3/2/15			

ASB-41
MAY 11 *BS14115*

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

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;">2 / 11 / 15</div>		Name of Building Owner/Operator (2) Verizon							
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 # <u>1-2/20/15</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		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 95 Williams St.		Square Feet							
City (5) Newark		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.							
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 215-365-5810		Telephone No. 215-788-6040							
Start Date (10) ON HOLD		License No. 00509							
Scheduled Completion Date (11) ____ / ____ / ____		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM 5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 10 th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	75 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 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 2/20/15			

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


CR# 2762

Date of Notification (1) <div style="text-align: center;">2 / 11 / 15</div>		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 7784 <input checked="" type="checkbox"/> DHSS 5605 <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 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 Williams St.		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00509						
Start Date (10) <div style="text-align: center;">2 / 23 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 25 / 15</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM 5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Throughout 10 th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	75 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 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		Signature		Date			

CK 1368

Print Form

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

Date of Notification (1) March 2, 2015		Name of Building Owner/Operator (2) Wayne Township Public Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 Nellis Drive, City, State, Zip Code Wayne, NJ 07470 Name of Contact John Maso					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Preakness 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 1006 Hamburg Turnpike				Square Feet 60000	# of Floors 2				
City (5) Wayne				Bldg. Age 60					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Ramm Environmental		ASCM No. *****		Name of Abatement Contractor (9) Academy Construction, Inc					
Street Address 77 Nottingham Road		Street Address 205 Rt 46W, Suite 14							
City, State, Zip Code Fair Lawn, NJ		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Roger Headrick		Telephone No. 201-475-9880		Telephone No. 973-832-4244	License No. 01155				
Start Date (10) 3/13/15		Scheduled Completion Date (11) 3/18/15		Name of OSHA Monitor Academy Construction					
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 205 Rt 46W, Suite 14					
				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 1		x		VAT & Mastic	1020	x			
Corridor/hallway & two stairwells		x		VAT & Mastic	1200	x			
Name of Registered Waste Hauler Academy Construction, Inc		NJDEP Waste Hauler ID No. 0034422		Cubic Yards of Waste 7	Name of Registered Landfill Waste Management (GROWS)				
City, State Totowa, NJ		Disposal Date 3/18/15		City, State Tullytown					
Completed by Frank Marino		Title VP of Operations		Signature 			Date 3/2/15		

CIC # 24753

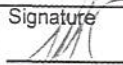
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>3/2/15</u>		Name of Building Owner/Operator (2) <u>Ridings</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>10 Cleveland Lane</u>	
		City, State, Zip Code <u>Princeton, NJ 08543</u>	
		Name of Contact <u>Mr. Barry Ridings</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>10 Cleveland Lane</u>		Square Feet <u>4500</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ 08542</u>		Bldg. Age <u>70+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 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>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/12/15</u>	Scheduled Completion Date (11) <u>3/14/15</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
<u>Crawl Space</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>50 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/16/15</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/2/15</u>		

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

Date of Notification (1) 3 / 5 / 15		Name of Building Owner/Operator (2) PNC Bank							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 320 Main Street City, State, Zip Code Avon by the Sea, NJ 07717 Name of Contact Mike Smith							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PNC Bank		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 320 Main Street									
City (5) Avon by the Sea, NJ 07717		Square Feet 5000	# of Floors 2						
		Bldg. Age 50+/-							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) ECS Mid-Atlantic, LLC		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 56 Grumbacher Road, Suite D		Street Address 102 Technology Lane							
City, State, Zip Code York, PA 17406		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Mike Smith		Telephone No. 717-767-4788	Telephone No. 724-325-3330						
		License No. 01121							
Start Date (10) 3 / 13 / 15	Scheduled Completion Date (11) 3 / 13 / 15	Name of OSHA Monitor ECS Mid-Atlantic, LLC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-12:30 PM/ 8:00 PM-_____ AM		Street Address 56 Grumbacher Road, Suite D							
		City, State, Zip Code York, PA 17406							
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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	63 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input 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 checked="" 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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grows North Landfill					
City, State Morrisville, PA		Disposal Date 3/13/15	City, State Morrisville, PA						
Completed By (Print or Type) Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>				Date 3/5/2015		

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 2365


Date of Notification (1) 03 / 05 / 15		Name of Building Owner / Operator (2) MERCK SHARP & DOHME CORP.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 2000 GALLOPING HILL ROAD City, State, Zip Code KENILWORTH, NJ 07033 Name of Contact RON NAMETKO Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MERCK			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 bldgs., homes, etc.)				
Street Address 2000 GALLOPING HILL ROAD			Square Feet 800,000				
City (5) KENILWORTH		County (6) UNION	County Code (7)	# Of Floors 2	Building Age 50+		
Current Use (Prior if being demolished) WAREHOUSE/OFFICE							
Name of Monitoring Firm Hired by Bldg. Owner (8) BRINKERHOFF			ASCM NO				
Street Address 1805 ATLANTIC AVE			Name of Abatement Contractor (9) Northstar Contracting Group, Inc.				
City, State, Zip Code MANASQUAN, NJ 08736			Street Address 32 Williams Parkway				
Project Mngr. For Monitoring Firm DENNIS BLUME			City, State, Zip Code East Hanover, NJ 07936				
Telephone Number 732-223-2225							
Sched. Start Date (10) 03 / 23 / 15		Sched. Completion Date (11) 08 / 31 / 15		Telephone Number 973-772-3660			
				License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30 PM MON-FRI			Name of OSHA Monitor Northstar Contracting Group, Inc.				
			Street Address 32 Williams Parkway				
			City, State, Zip Code East Hanover, NJ 07936				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
SEE ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler FREEHOLD CARTAGE		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill LYCOMING COUNTY			
City, State FREEHOLD, NJ 07728		Disposal Date	City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 03/05/15		

	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-10 2ND FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-10 2ND FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	MASTIC GLUE	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-10 2ND FLOOR - MER	<input type="checkbox"/>	<input type="checkbox"/>	CAULK	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-10 1ST FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	MIRROR/GUARD MASTIC	460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-10 COURTYARD	<input type="checkbox"/>	<input type="checkbox"/>	VIBRATION COLLAR	10 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"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	632 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	GASKET	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	VAT	1750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	8450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	CAULK	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	TRANSIT	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	FIRE STOP	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	TAR	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	TAR	20 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"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	3325 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	63770 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	SLAB/DUCT MASTIC	22000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	DUCT SEALANT	950 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	GLAZING	112 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	GASKET	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	CAULK	1076 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	TRANSIT	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	WATERPROOFING	2930 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	MASTIC	680 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	WINDOW SILL	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	FIRE STOP	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-2 NORTH	<input type="checkbox"/>	<input type="checkbox"/>	MIRROR/GUARD MASTIC	425 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE-K-2	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	3150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE-K-2	<input type="checkbox"/>	<input type="checkbox"/>	CAULK	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE-K-2	<input type="checkbox"/>	<input type="checkbox"/>	GLAZING	90 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"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	FLASHING	7295 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	GASKET	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	CAULK	5346 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	GLAZING	384 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	TAR	102 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NO CK

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

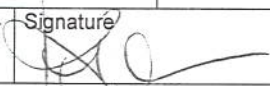
RECEIVED

Date of Notification (1) 3 / 3 / 15			Name of Building Owner/Operator (2) First Hartford Realty Corp.						
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 type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 149 Colonial Rd. City, State, Zip Code Manchester, CT 06045 Name of Contact Tony Gallinari					
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pizza Hut				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 406 Springfield Ave.									
City (5) Berkeley Heights, NJ 07922				Square Feet 5000	# of Floors 1	Bldg. Age 35+			
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Restraunt					
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 2333 Route 22 West		Street Address 550 East Union St.							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073		Telephone No. 610-701-9000		License No. 00508			
Start Date (10) 3 / 4 / 15		Scheduled Completion Date (11) 3 / 10 / 15		Name of OSHA Monitor AET					
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: 7AM- PM/3:30PM- AM				Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	1265 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	484 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	272 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 David Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill				
City, State Hatfield, PA				Disposal Date TBD	City, State Birdsboro, PA				
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 3/3/15		

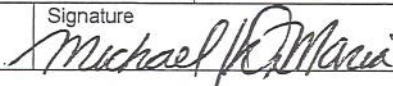
NO CK

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

REC'D

Date of Notification (1) <u>1</u> / <u>29</u> / <u>15</u>		Name of Building Owner/Operator (2) Joseph Evangelista / Job # 1501-1954 Chk. #NA							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 306 West Bayview Avenue							
		City, State, Zip Code Lavallette, NJ 08735							
		Name of Contact Randy Worrell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 306 West Bayview Ave.									
City (5) Lavallette	Square Feet 833 SF	# of Floors 1	Bldg. Age 1970s						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <u>2</u> / <u>9</u> / <u>15</u>	Scheduled Completion Date (11) <u>2</u> / <u>12</u> / <u>15</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Shingles & Felt	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Shingles	294 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 2/13/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 2-11-15			

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

Date of Notification (1) 3/2/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Rd City, State, Zip Code South Plainfield NJ 07080 Name of Contact Bernadette Lafond					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 40th St. Substation				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 526 East 41st St.				Square Feet n/a	# of Floors n/a				
City (5) Paterson NJ 07504				Bldg. Age n/a					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) WRS Environmental Services Inc.					
Street Address n/a		Street Address 17 Old Dock Rd.							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 631-924-811	License No. 01136				
Start Date (10) 3/12/15		Scheduled Completion Date (11) 3/13/15		Name of OSHA Monitor Michael J DiMaria					
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 same as above					
				City, State, Zip Code same as above					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Trenching			x	Transite Encased Duct Bank	180 LF	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107		Cubic Yards of Waste 20	Name of Registered Landfill Conestoga Landfill				
City, State Flanders NJ				Disposal Date TBD		City, State Morgantown, PA			
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor		Signature 			Date 3/2/15		

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

Date of Notification (1) 3/2/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 440 Eagle Rock Rd							
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland NJ 07068							
		Name of Contact Dawn Neville							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook Substation		Type of Facility (4)							
Street Address 392 Jefferson Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bergen, NJ		Square Feet n/a	# of Floors n/a						
		Bldg. Age n/a							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address n/a		Street Address 17 Old Dock Rd.							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01136						
Start Date (10) 2/26/15	Scheduled Completion Date (11) 2/26/15	Name of OSHA Monitor same as above							
Occupancy Status During Abatement (Check Only One)		Street Address n/a							
<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 n/a							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior Trenching			x	Asbestos Transite Pipe	1 LF	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste 1/4	Name of Registered Landfill Wayne Disposal					
City, State 1 Eden Lane, Flanders NJ 07863			Disposal Date TBD	City, State Belleville, MI					
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor		Signature <i>Michael J DiMaria</i>			Date 3/2/15		

OK 3875

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

RECEIVED

Date of Notification (1) 3/3/15		Name of Building Owner/Operator (2) Meredith Neilland							
Agencies Notified	Type Notification	Street Address 3 Chadwick Avenue							
<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 Marlton, NJ 08053							
		Name of Contact Meredith Neilland	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3 Chadwick Avenue		Square Feet 1,867	# of Floors 1						
City (5) Marlton		Bldg. Age 42 years							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence (Unoccupied)							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental Services		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 215 West Church Road		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 610-265-1510	License No. 01161						
Start Date (10) 3/16/15	Scheduled Completion Date (11) 3/20/15	Name of OSHA Monitor EMSL							
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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Living Space			X	Floor tile	880 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS					
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 3/3/15			