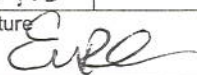


CK 1842

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

Date of Notification (1) <b>3/13/15</b>		Name of Building Owner/Operator (2) <b>Andrew Wilner</b>							
Agencies Notified	Type Notification	Street Address							
<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	<b>85 Osborn Street</b>							
		City, State, Zip Code <b>Keyport, NJ 07735</b>							
		Name of Contact <b>Eric Plackis</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address <b>492 Summit Ave</b>		<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) <b>Maplewood</b>	Square Feet <b>3225</b>	# of Floors <b>2</b>	Bldg. Age <b>107</b>						
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>							
Street Address		Street Address <b>P.O. Box 915</b>							
City, State, Zip Code		City, State, Zip Code <b>Brick, New Jersey 08723</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>(732)899-7499</b>	License No. <b>01196</b>						
Start Date (10) <b>3/14/15</b>	Scheduled Completion Date (11) <b>3/19/15</b>	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 type="checkbox"/> Other – Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
				<b>X Asbestos pipe insulation</b>	<b>200LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Brick, New Jersey</b>			Disposal Date <b>3/10/15</b>	City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature 	Date <b>3/13/15</b>					

CHECK #  
3852

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

Date of Notification (1) <u>3/3/15</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKS LANDING ROAD</u> City, State, Zip Code <u>EGG HARBON, N.J. 08210</u> Name of Contact <u>BARBARA</u> Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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>226 35TH ST</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>					
City (5) <u>BRANTINE</u>		Bldg. Age <u>404</u>						
County (6) <u>ACUA</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>ILUMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>3/14/15</u>	Scheduled Completion Date (11) <u>3/21/15</u>	Name of OSHA Monitor <u>N/A</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 City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1000 SF</u>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>ILUMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>15</u>	Name of Registered Landfill <u>ACUA</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>					
Completed By <u>JOSEPH ILUMCO</u>		Title <u>OWNER</u>	Signature <u>Joseph Ilumco</u>		Date <u>6/3/15</u>			



CK 1844

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



Date of Notification (1) <b>3/4/15</b>		Name of Building Owner/Operator (2) <b>John Palermo</b>							
Agencies Notified	Type Notification	Street Address							
<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	<b>401 Kent Lane</b> City, State, Zip Code <b>Brielle, NJ 08730</b>							
		Name of Contact <b>Eric Plackis</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address <b>401 Kent Lane</b>		<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) <b>Brielle</b>		Square Feet <b>5000</b>	# of Floors <b>2</b>						
County (6) <b>Monmouth</b>		Bldg. Age <b>54</b>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Brick Industries Inc.							
City, State, Zip Code		Street Address <b>P.O. Box 915</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Brick, New Jersey 08723</b>							
Telephone No.		Telephone No. <b>(732)899-7499</b>	License No. <b>01196</b>						
Start Date (10) <b>3/4/15</b>	Scheduled Completion Date (11) <b>3/10/15</b>	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 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>450 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				<b>✓ floor tile + Mastic</b>	<b>450 SF</b>	<b>✓</b>			
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Brick, New Jersey</b>			Disposal Date <b>3/12/15</b>	City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature <b>Eric Plackis</b>			Date <b>3/4/15</b>			

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

*Check # 11500*

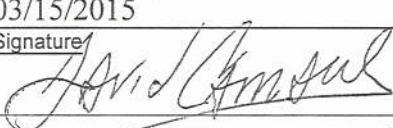
**GAC Project # 060-15**

<u>Date of Notification (1)</u> <b>March 4, 2015</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>
			<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>
		<u>Name of Contact</u> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	<u>Telephone Number</u>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>UBHC BEHAVIORAL HEALTH, BLDG# 3690</b>		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> <b>N/A</b> <u># of Floors:</u> <b>2</b> <u>Bldg. Age:</u> <b>60+ years</b>	
<u>Street Address</u> <b>RBHS BUSCH CAMPUS</b>		<u>Current Use (prior if being demolished):</u> <b>ACADEMIC</b>	
<u>City (5)</u> <b>PISCATAWAY</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>Cardno ATC</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>03/13/15</b>	<u>Scheduled Completion Date (11)</u> <b>03/16/15</b>	<u>Name of OSHA Monitor</u> <b>1</b> <b>ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <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: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Room C-112</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>VAT</b>	<u>Amount (Specify SF or LF)</u> <b>400 SF</b>
			<u>Abatement Type</u> Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>10 CY</b>
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 28969		<u>Disposal Date</u> <b>03/16/15</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
<u>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</u> NJ DEP # 20990			<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>March 4, 2015</b>



## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

CHK# 11332

<u>Date of Notification (1)</u> 02/26/2015		<u>Name of Building Owner/Operator (2)</u> Olga Bartnicki	
<u>Agencies Notified</u> (X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	<u>Type of Notification</u> (X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	<u>Street Address</u> 534 Hudson St <u>City, State, Zip Code</u> Hoboken, NJ 07030 <u>Name of Contact</u> Olga Bartnicki <u>Tel. Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Property		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 534 Hudson St		<u>Sq. Feet:</u> 3,000 <u># of Floors</u> 4 <u>Bldg. Age</u> 80	
<u>City (5)</u> Hoboken	<u>County (6)</u> Hudson	<u>County Code (7)</u> (State Use Only)	<u>Current Use (if being demolished):</u> abandoned
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.
<u>Street Address</u>		<u>Street Address</u> 3300 Hudson Avenue	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124
<u>Scheduled Start Date (10)</u> 03/13/2015	<u>Scheduled Completion Date (11)</u> 03/15/2015	<u>Name of OSHA Monitor</u> ISES, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area is located in unoccupied basement		<u>Street Address</u> 3300 Hudson Avenue <u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Source of Work (Check all that apply)</u> ( ) Demolition    (X) Renovation ( ) Minor Project (< 25 SF or < 10 LF ACM)    (X) Full Containment with Negative Pressure (X) Small Project (>25 <160 SF or >10 <260 LF ACM)    ( ) Mini-Enclosure ( ) Large Project (>160 SF or > 260 LF ACM)    (X) Glove-bag Procedure ( ) Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES    NO    N/A	<u>Description of ACM</u> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	<u>Amount (Specify SF or LF)</u> ~ 140 LFT
Basement Mechanical System		TSI Pipe Insulation	X
<u>Name of Reg. Waste Hauler</u> NEWARK CARTING		<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> .5
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105		<u>Disp. Date</u> 03/15/2015	<u>Name of Reg. Landfill</u> IESI BETHLEHEM LANDFILL
<u>Completed by (Print or Type)</u> David Camacho		<u>Title</u> Project Supervisor	<u>City, State</u> BETHLEHEM, PA 18015
		<u>Signature</u> 	<u>Date</u> 02/26/2015

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

Date of Notification (1) <b>3-3-15</b>		Name of Building Owner/Operator (2) <b>James Boyle</b>	
Agencies Notified	Type Notification	Street Address <b>85 Kearny Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Kearny, NJ, 07032</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>James Boyle</b>	
<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) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm			Telephone Number <b>N/A</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>3-12-15</b>		Sched. Completion Date (11) <b>3-13-15</b>		Name of OSHA Monitor <b>N/A</b>	
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			Street Address		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>			City, State, Zip Code		
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

## 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 N C L O S U R E
Basement			X	Pipe Insulation	82 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>3-16-15</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>C Vivian</i>		Date <b>3-3-15</b>



NO C12

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

Date of Notification (1) <b>2/9/15</b>		Name of Building Owner / Operator (2) <b>Willingboro Twp Public Schools</b>							
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 checked="" type="checkbox"/> Amended R#1-2/20/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>440 Beverly Rancocas Rd</b> City, State & Zip Code <b>Willingboro, NJ 08046</b> Name of Contact <b>Kelvin Smith</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Levitt Middle School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>50 Rev. Dr. MLK Jr. Drive</b>		Square Feet <b>150,000</b>	# of Floors <b>1</b>						
City (5) <b>Willingboro</b>	County (6) <b>Burlington</b>	Bldg. Age <b>40+</b>							
County Code (7)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants Inc</b>		ASCM No.							
Street Address <b>36 North Quail Hill Blvd</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>							
City, State & Zip Code <b>Galloway, NJ 08205</b>		Street Address <b>1123 Beaver Street</b>							
Project Manager for Monitoring Firm <b>Eric Clarkson</b>		Telephone Number <b>609-652-1833</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>2/23/15</b>	Scheduled Completion Date (11) <b>3/27/15</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00 AM – 3:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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	Encapsulate	Enclosure
Exterior Window Caulk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	7000 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>8 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>3/27/15</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>		Signature <i>Gino Pizzigoni</i>			Date <b>2/9/15</b>		



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

*Ch # 2760*

Date of Notification (1) <b>2/9/15</b>		Name of Building Owner / Operator (2) <b>Willingboro Twp Public Schools</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>5667</i> <input checked="" type="checkbox"/> DOH <i>5643</i> <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 <b>440 Beverly Rancocas Rd</b> City, State & Zip Code <b>Willingboro, NJ 08046</b> Name of Contact <b>Kelvin Smith</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Levitt Middle School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>50 Salem Road</b>			Square Feet <b>150,000</b>		
City (5) <b>Willingboro</b>			# of Floors <b>1</b>		Bldg. Age <b>40+</b>
County (6) <b>Burlington</b>			County Code (7)		
Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants Inc</b>			ASCM No.		
Street Address <b>36 North Quail Hill Blvd</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
City, State & Zip Code <b>Galloway, NJ 08205</b>			Street Address <b>1123 Beaver Street</b>		
Project Manager for Monitoring Firm <b>Eric Clarkson</b>			Telephone Number <b>609-652-1833</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>2/23/15</b>		Scheduled Completion Date (11) <b>3/27/15</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00 AM – 3:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			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 Window Caulk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	7000 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>8 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>3/27/15</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>2/9/15</b>



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

RECEIVED

Date of Notification (1) <b>2/9/15</b>		Name of Building Owner / Operator (2) <b>Willingboro Twp Public Schools</b>	
Agencies Notified	Type Notification	Street Address <b>440 Beverly Rancocas Rd</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Willingboro, NJ 08046</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-2/20/15	Name of Contact <b>Kelvin Smith</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Levitt Middle School</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>50 Rev. Dr. MLK Jr. Drive</b>			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>Willingboro</b>	County (6) <b>Burlington</b>	County Code (7)	Square Feet <b>150,000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
			Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants Inc</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>36 North Quail Hill Blvd</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Galloway, NJ 08205</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Eric Clarkson</b>		Telephone Number <b>609-652-1833</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>3/2/15</b>		Scheduled Completion Date (11) <b>5/1/15</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00 AM – 3:30 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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	Encapsulate	Enclosure
<b>RM A-12/A-12a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>353 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Sheetrock</b>	<b>1,980 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 Cu Yd</b>	Name of Registered Landfill	
City, State <b>New Castle, DE</b>		Disposal Date <b>5/1/15</b>	City, State		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / gl</i>		Date <b>2/9/15</b>



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

*Ch# 2761*

Date of Notification (1) <b>2/9/15</b>		Name of Building Owner / Operator (2) <b>Willingboro Twp Public Schools</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA 5636 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 5667 <input checked="" type="checkbox"/> DOH 5643 <input checked="" type="checkbox"/> DCA 5629	Type Notification		
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address <b>440 Beverly Rancocas Rd</b>		
	City, State & Zip Code <b>Willingboro, NJ 08046</b>		
	Name of Contact <b>Kelvin Smith</b>		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Levitt Middle School</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>50 Salem Road</b>			Square Feet <b>150,000</b>		
City (5) <b>Willingboro</b>			County (6) <b>Burlington</b>		County Code (7)
			# of Floors <b>1</b>		Bldg. Age <b>40+</b>
			Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants Inc</b>			ASCM No.		
Street Address <b>36 North Quail Hill Blvd</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
City, State & Zip Code <b>Galloway, NJ 08205</b>			Street Address <b>1123 Beaver Street</b>		
Project Manager for Monitoring Firm <b>Eric Clarkson</b>			Telephone Number <b>609-652-1833</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>3/2/15</b>		Scheduled Completion Date (11) <b>5/1/15</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00 AM – 3:30 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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	Encapsulate	Enclosure
RM A-12/A-12a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	353 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock	1,980 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 Cu Yd</b>	Name of Registered Landfill	
City, State <b>New Castle, DE</b>		Disposal Date <b>5/1/15</b>	City, State		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>2/9/15</b>



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

Check#2133

Date of Notification (1) 03 / 04 / 15		Name of Building Owner/Operator (2) Gary Ogilby	
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	Street Address 326 Grandview Circle	
	<input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Ridgewood, NJ 07450	
	<input type="checkbox"/> Emergency (including justification)	Name of Contact Gary Ogilby	
	<input type="checkbox"/> Cancellation	Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 326 Grandview Circle		Square Feet	
City (5) Ridgewood, NJ 07450		# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 03 / 13 / 15		Scheduled Completion Date (11) 03 / 14 / 15	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure	
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
		<input checked="" type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	150 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 03/04/2015	

ASB-41

MAY 11

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

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

ck# 26304

Date of Notification (1) March 3, 2015		Name of Building Owner/Operator (2) D N A Demolition	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2156 Camplain Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Antonio. Dimuzio	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) residence			Type of Facility (4)		
Street Address 51 Summit Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Chatham			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Morris		
County Code (7) (STATE USE ONLY)		Square feet 1912 sf		# of Floors 2	Bldg. Age 125
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 03/05/2015			License Number 00624		
Scheduled Completion Date (11) 03/09/2015			Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply))					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						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
Interior		X		Pipe insulation	110 lf	X			
Exterior		X		Siding	3000 sf				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 03/10/2015		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 3/3/15		

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



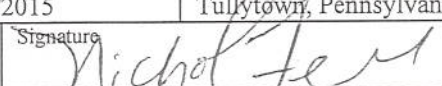
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Ch# 26303*

Date of Notification (1) <div style="text-align: center;">March 3, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">EDM, LLC</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	5 Benchley Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Marlboro, NJ 07746</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Matt Martino</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">290 Madison Hill Rd.</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Clark</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Morris</div>		
County Code (7) (STATE USE ONLY)		Square feet <div style="text-align: center;">1555 sf</div>		# of Floors <div style="text-align: center;">2</div>	Bldg. Age <div style="text-align: center;">70</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASC No.		Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	
License Number <div style="text-align: center;">00624</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>			
Scheduled Start Date (10) <div style="text-align: center;">03/03/2015</div>		Scheduled Completion Date (11) <div style="text-align: center;">03/04/2015</div>		Street Address <div style="text-align: center;">1056 Stelton Road</div>	
Occupancy Status During Abatement (Check only one)		City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other – Describe _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="text-align: center;">YES NO N/A</div>			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	E N C L O S U R E
Exterior – house peaks		X		Asbestos siding	400 sf	X			
Exterior- garage		X		Asbestos siding	600 sf				
Interior- mudroom		X		VAT	70 sf				
Interior- basement		X		VAT	35 sf				
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">03/05/2015</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Femicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 			Date <div style="text-align: center;">3/3/15</div>		

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

NO CR

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

RECEIVED

Date of Notification (1) <u>2</u> / <u>11</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Verizon</b>							
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 <b>15 East Montgomery Place, Lower Level</b>						
			City, State, Zip Code <b>Pittsburgh, PA 15212</b>						
			Name of Contact <b>Anthony Porta</b>						
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Market CO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>95 Williams St.</b>									
City (5) <b>Newark</b>	Square Feet	# of Floors	Bldg. Age						
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM-____ PM/ <b>5:00PM-1:30AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 10 <sup>th</sup> 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>			Date <b>2/20/15</b>			



RECEIVED  
NT CR# 2762

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MAY 11 1955

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



Page 1 of 2

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

Check #23115

Date of Notification (1) 01 / 07 / 15		Name of Building Owner/Operator (2) Vineland Construction Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 71 W Park Avenue							
		City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Tim France	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Victory Refrigeration		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 110 Woodcrest Road		Square Feet 233,000	Bldg. Age 50+						
City (5) Cherry Hill		# of Floors 1							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental LLC		ASCM No. 0268	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 307 N Walnut Street		Street Address 500 East Luzerne Street							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610.431.7545	License No. 00646						
Start Date (10) 01 / 22 / 15	Scheduled Completion Date (11) 03 / 31 / 15	Name of OSHA Monitor SAME AS ABOVE							
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-4PM / PM- AM		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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manufacturing Section	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2" Pipe Insulation	450 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing Section	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4" Pipe Insulation	265 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entire 2 <sup>nd</sup> Flr & Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grey Floor Tile & Black Mastic	5,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Red Fire Door	4 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach or Service Transport		NJDEP Waste Hauler ID No. 19689/20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124 / New Castle, DE			Disposal Date	City, State Waynesburg, OH 44688					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager	Signature <i>Wayne</i>			Date 3/2/15			



Page 2 of 2

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5.16)

Check # 23715

Date of Notification (1) 01 / 07 / 15		Name of Building Owner/Operator (2) Vineland Construction Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 71 W Park Avenue City, State, Zip Code Vineland, NJ 08360 Name of Contact Tim France Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Victory Refrigeration		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 110 Woodcrest Road		Square Feet 233,000							
City (5) Cherry Hill		# of Floors 1	Bldg. Age 50+						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental LLC	ASCM No. 0268	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 307 N Walnut Street		Street Address 500 East Luzerne Street							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Matt Abraham	Telephone No. 610.431.7545	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 01 / 22 / 15	Scheduled Completion Date (11) 03 / 31 / 15	Name of OSHA Monitor SAME AS ABOVE							
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-4PM / PM- AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	366 Windows Caulk	366 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooftop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Roof Flashing	3500 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing - Area C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Layered Roofing	25,900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>ST</sup> FLOOR OFFICE AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9x9 FLOOR TILE	1,700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach or Service Transport		NJDEP Waste Hauler ID No. 19689/20990		Cubic Yards of Waste 100	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124 / New Castle, DE				Disposal Date	City, State Waynesburg, OH 44688				
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 		Date 3/2/15			



WJOL - TOM VOORHEES  
DOH

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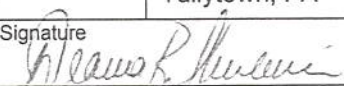
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/02/15		Name of Building Owner/Operator (2) Mona Meleka							
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"/> Initial <input type="checkbox"/> Amended Amendment # _____	PO Box 1919							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08862							
		Name of Contact Mona Meleka							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 328 Hall 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) Perth Amboy		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Middlesex	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/17/15	Scheduled Completion Date (11) 3/18/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	140 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusani		Title Project Manager		Signature <i>Deanna Brkusani</i>		Date 3/02/15			

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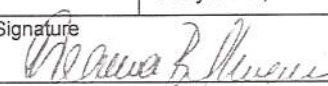
Print Form

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

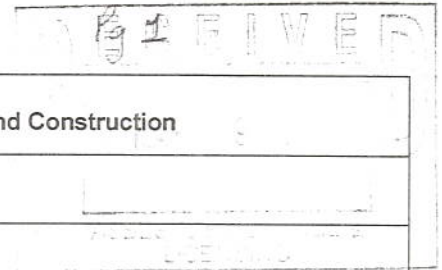
Date of Notification (1) 3/02/15		Name of Building Owner/Operator (2) Sara Lopatin							
Agencies Notified	Type Notification	Street Address 276 Broad Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Englewood, NJ 07631							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Sara Lopatin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 276 Broad Ave		Square Feet N/A	# of Floors N/A						
City (5) Englewood		Bldg. Age N/A							
County (6) Bergen	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/24/15	Scheduled Completion Date (11) 3/25/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	150 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 3/02/15					



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

Date of Notification (1) 3/02/15		Name of Building Owner/Operator (2) Paresh Patel							
Agencies Notified	Type Notification	Street Address 28.5 Harrison Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	City, State, Zip Code Morristown, NJ 07960							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Paresh Patel	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28.5 Harrison Street		Square Feet N/A	# of Floors N/A						
City (5) Morristown		Bldg. Age N/A							
County (6) Morris	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/18/15	Scheduled Completion Date (11) 3/19/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 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
crawl space		X		pipe insulation	90 LF	X			
basement		X		pipe insulation	70 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 3/02/15		

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



Date of Notification (1) <b>01 / 15 / 14</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
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 # <b>26-3/3/15</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortega</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Rd</b>									
City (5) <b>Princeton</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	License No. <b>00509</b>						
Start Date (10) <i>ON SITE</i> <b>3 / 3 / 15</b>	Scheduled Completion Date (11) <b>3 / 27 / 15</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00PM-1:30AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Work	1775 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	72 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>			Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro / jh</i>			Date <b>3/3/15</b>			



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

Page 2

Date of Notification (1) <b>01 / 15 / 14</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
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 # <b>26-3/3/15</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortega</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Rd</b>									
City (5) <b>Princeton</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>						
License No. <b>00509</b>									
Start Date (10) <i>ON SITE</i> <b>3 / 3 / 15</b>	Scheduled Completion Date (11) <b>3 / 27 / 15</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM <b>5:00PM-1:30AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>B Level</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>40 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B Level</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation (Wrap &amp; Cut)</b>	<b>2 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Delong Reading Level</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation (Wrap &amp; Cut)</b>	<b>30 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C Level Near Vault</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>700 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>			Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro / jk</i>			Date <b>3/3/15</b>			

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

Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
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 # <b>26-3/3/15</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>200 Elm Dr.</b>
			City, State, Zip Code <b>Princeton, NJ 08544</b>
			Name of Contact <b>Robert Ortega</b>
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Washington Rd</b>			
City (5) <b>Princeton</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Library</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>
		License No. <b>00509</b>	
Start Date (10) <i>ON SITE</i> <b>3 / 3 / 15</b>	Scheduled Completion Date (11) <b>3 / 27 / 15</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00PM-1:30AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
B LEVEL NORTH CORRIDOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RMS B-9J & B-12J B LEVEL 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>NEW CASTLE, DE</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>3/3/15</b>	



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

Date of Notification (1) 3 / 4 /15									
Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.									
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 Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065						
Name of Contact WILLIAM MICHELUDIS			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 126 EAST LINCOLN AVENUE - BUILDING 32			Square Feet 120,000	# of Floors 7	Bldg. Age 45				
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101				
Expected State Date (10) Month Day Year 3 / 9 /15		Sched. Completion Date (11) Month Day Year 5 / 30 /15		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 5 PM - 1 AM			Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
7TH FLOOR SOUTHWEST PERIMETER	X			SPRAY ON INSULATION	50 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 320	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Disposal Date 3/9 -03/30/2015	Signature 	Date 3/14/15				

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

<b>Date of Notification (1)</b> <div style="text-align: center;">2 / 24 /15</div>		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b>   <b>Telephone Number</b> WILLIAM MICHELUDIS	

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33		<b>Square Feet</b> 120,000	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	
		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17	
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Street Address</b> 313 SPOOK ROCK ROAD	
		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 3 / 9 /15		<b>Sched. Completion Date (11)</b> 5 / 30 /15	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: MONDAY - FRIDAY 5 PM - 1 AM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
		<b>Street Address</b> 117 EAST 30TH STREET	
		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	

**Scope of Work (Check all that apply)**

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini-Enclos.
<input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
7TH FLOOR SOUTHWEST PERIMETER	X			SPRAY ON INSULATION	50 SF	X			

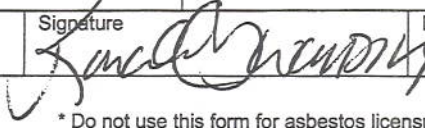
  

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 320	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 3/9 -03/30/2015		<b>City, State</b> MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b>	
				<b>Date</b> 2/25/15	



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

~~CHART # 1584~~

Date of Notification (1) 03/05/2015		Name of Building Owner/Operator (2) NICK & JAMIE REMCHUK							
Agencies Notified	Type Notification	Street Address 37 WEST BUCKINGHAM AVE							
<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 MOUNT EPHRAIM NJ 08059							
		Name of Contact NICK REMCHUK	Tel: _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 37 WEST BUCKINGHAM AVE.		Square Feet 1213	# of Floors 1						
City (5) MOUNT EPHRAIM		Bldg. Age 90							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 904 KINGS ARM DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNTOWN, PA 19335		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363	License No. 01145						
Start Date (10) 03/23/2015	Scheduled Completion Date (11) 03/24/2015	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 RT. 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 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
ATTIC			X	VERMICULITE INSULATION	400 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL, NJ			Disposal Date 03/25/2015	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GM	Signature 	Date 03/05/2015					

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

Check#2134

RECEIVED

2015 MAR -9 AM 1:34

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 03 / 05 / 15		Name of Building Owner/Operator (2) Denise Borekeviler	
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 245 Erie Avenue		City, State, Zip Code Midland Park, NJ 07432	
Name of Contact Denise Borekeviler		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 245 Erie Avenue		Square Feet	
City (5) Midland Park, NJ 07432		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (5) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Telephone No.		License No. 01127	
Start Date (10) 03 / 14 / 15		Scheduled Completion Date (11) 03 / 15 / 15	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>	Date 03/05/2015



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

RECEIVED

Check # 7761

Date of Notification (1) 3/5/15		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified	Type of Notification	Street Address 101 Eggerts Crossing Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact William McBride	
<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) Vineland Home – Old Kitchen Bldg.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 524 North West Blvd.			Square Feet 15000		
City (5) Vineland			County (6) Cumberland		# of Floors 2
			County Code (7) (STATE USE ONLY)		Bldg. Age ~65
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 323 Changebridge Road		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858		License Number 00852
Scheduled Start Date (10) 3/16/15		Sched. Completion Date (11) 3/31/15	Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		


## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

☐ Renovation

- ☐ Full Containment with Negative Pressure  
☐ Mini – Enclosure  
☐ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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	R	E	E
Bathrooms and hallway		x		VAT and mastic	700 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Pine Brook, NJ		Disposal Date 3/31/15		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 3/5/15

Mar 4 2015 01:12pm

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

CHECK # 8680

Date of Notification (1) <b>3/4/15</b>		Name of Building Owner/Operator (2) <b>MR PRYOR</b>		APPROVED NJ Dept. of Health & Senior Services <b>[Signature]</b> Date: <b>3/4/15</b> Time: <b>1:01 PM</b>					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>36 STILLMAN AVE.</b> City, State, Zip Code <b>BERGENFIELD NJ 07621</b> Name of Contact <b>MR PRYOR</b> Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) <b>MR PRYOR</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>36 STILLMAN AVE</b>			Square Feet <b>1450</b>						
City (5) <b>BERGENFIELD</b>			# of Floors <b>2</b>						
County (6) <b>BERGEN</b>			Current Use (Prior if being demolished) <b>RES</b>						
County Code (7) (STATE USE ONLY)			Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>						
Name of Monitoring Firm Hired by Building Owner (8)			Street Address <b>185 Vreeland Ave.</b>						
Street Address			City, State, Zip Code <b>Midland Park, NJ 07432</b>						
City, State, Zip Code			Telephone No. <b>201-262-6841</b>						
Project Manager for Monitoring Firm			License No. <b>00156</b>						
Start Date (10) <b>3/4/15</b>		Scheduled Completion Date (11) <b>3/6/15</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <b>280 Huyer Street</b>					
				City, State, Zip Code <b>Hackensack, NJ 07606</b>					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>Boiler Room Basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>4500</b>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Name of Registered Waste Hauler <b>Newark Carting, Inc</b>			NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State, Zip Code <b>Newark, NJ 07105</b>			Disposal Date <b>3/4/15</b>		City, State, Zip Code <b>Bethlehem, PA 18015</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>3/4/15</b>			



Check # 9234

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

Date of Notification (1) <b>3-4-15</b>		Name of Building Owner/Operator (2) <b>Edward Notch</b>							
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 <b>24 Cypress Street</b>							
		City, State, Zip Code <b>Carteret NJ 07008</b>							
		Name of Contact <b>Edward Notch</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>24 Cypress Street</b>									
City (5) <b>Carteret NJ 07008</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Middlesex</b>		Bldg. Age <b>80+</b>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>3-16-15</b>	Scheduled Completion Date (11) <b>3-16-15</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <div style="text-align: right;"> <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         </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <b>Basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>100 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input checked="" type="checkbox"/>			<b>Pipe Insulation</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>3-17-15</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>			Date <b>3-4-15</b>		



# Emergency

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

Check  
# 9233

Date of Notification (1) <b>2-28-15</b>		Name of Building Owner/Operator (2) <b>Linda Whitaker</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>810 Klockner Rd</b>						
		City, State, Zip Code <b>Hamilton NJ 08619</b>						
		Name of Contact <b>Linda Whitaker</b>						
		Telephone Number <b>---</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>810 Klockner Rd</b>		Square Feet	# of Floors <b>2</b>					
City (5) <b>Hamilton NJ 08619</b>		Bldg. Age <b>80+</b>						
County (6) <b>Mercer</b>		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>3-1-15</b>	Scheduled Completion Date (11) <b>3-1-15</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
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 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
Basement Boiler Area	X		Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>&lt; 1</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>3-4-15</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>2-28-15</b>			



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

Date of Notification (1) <b>3-4-15</b>		Name of Building Owner/Operator (2) <b>Jack Donahue</b>	
Agencies Notified	Type Notification	Street Address <b>27 Orchard Road</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Maplewood, NJ, 07040</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Jack Donahue</b>	
<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) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet		
City (5)			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address				Street Address <b>86 Christopher St.</b>	
City, State, Zip Code				City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	
Sched. Start Date (10) <b>3-13-15</b>		Sched. Completion Date (11) <b>3-16-15</b>		License Number <b>00371</b>	
Month Day Year		Month Day Year		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «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

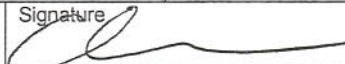
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

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
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>220 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste <b>1.5</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>3-17-15</b>		City, State <b>Morrisville, PA 19067</b>			
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature <i>C. Vivian</i>		Date <b>3-4-15</b>	

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


*Emergency* *CK 4702*

Date of Notification (1) 3/5/15		Name of Building Owner/Operator (2) Kathy Thompson Private Home							
Agencies Notified	Type Notification	Street Address 3 West Delaware							
<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 Little Egg Harbor NJ 08070							
		Name of Contact Paul	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kathy Thompson 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 3 West Delaware		Square Feet 1000+	# of Floors 2						
City (5) Little Egg Harbor NJ 08070		Bldg. Age 35+							
County (6) Ocean	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) 3/6/15	Scheduled Completion Date (11) 3/12/15	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 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
Exterior Siding			x	Exterior Siding	1900 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 3/12/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/5/15		



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

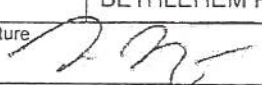
CK 4703

Date of Notification (1) 3/5/15		Name of Building Owner/Operator (2) Kathy Swisher Private Home							
Agencies Notified	Type Notification	Street Address 33 lake Superior							
<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 Little Egg Harbor NJ 08070							
		Name of Contact Paul	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kathy Swisher 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 33 lake Superior		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08070		Bldg. Age 35+							
County (6) Ocean	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) 3/6/15	Scheduled Completion Date (11) 3/12/15	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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 3/12/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/5/15		

CK 3054

Print Form


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

Date of Notification (1) 03/04/15		Name of Building Owner/Operator (2) SYSTEM LIQUIDATORS							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1652 SOUTH 2ND ST							
		City, State, Zip Code PLAINFIELD NJ							
		Name of Contact ROY	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 2 WALNUT ST		<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) SUMMIT		Square Feet 10000	# of Floors 1						
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 03/15/15	Scheduled Completion Date (11) 03/16/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
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 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
CRAWL SPACE	X			TSI	40 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 03/16/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 9/9/14			



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

CHECK # 1549

Date of Notification (1) 2/27/2015		Name of Building Owner/Operator (2) Port Electric Supply Corp.			
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 248 Third Street City, State, Zip Code Elizabeth, NJ 07206 Name of Contact Mr. Hank Barnes	
		Telephone Number			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4)	
Street Address 248 Third 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) Elizabeth		Square Feet 25,000		# of Floors 1	Bldg. Age 80
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) Sky Contracting, LLC	
Street Address		Street Address 1385 Valley Road, Suite K			
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 7/14/2014		Scheduled Completion Date (11) 3/31/2015		Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Phase I - Unoccupied Area; Phase II - Closed/Vacant</u>				City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
See attached					
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcev		Title Vice President		Signature 	Date 2/27/2015

ACM) ion,	Amount (Specify SF or LF)	Removal
	60 LF	x
n	60 SF	x
	150 SF	x
	250 SF	x

~~to January 31<sup>st</sup>, 2015~~

3/16/15 - 3/31/15

ACM) on,	Amount (Specify SF or LF)	A	
		Removal	
ut)	1,800 LF	x	
ut)	200 LF	x	



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

Date of Notification (1) <b>2-26-15</b>		Name of Building Owner/Operator (2) <b>Andrew Pak</b>	
Agencies Notified	Type Notification	Street Address <b>48 Maplewood Ave.</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Maplewood, NJ, 07040</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Andrew Pak</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" 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) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2200</b>	# of Floors <b>3</b>	Bldg. Age <b>85</b>
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) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>3-2-15</b>	Sched. Completion Date (11) <b>3-3-15</b>		Name of OSHA Monitor <b>N/A</b>		
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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>35 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>3-4-15</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C Vivian</i>		Date <b>2-26-15</b>	