

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

Date of Notification (1) March 7, 2016		Name of Building Owner/Operator (2) Susan Valerie	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>
	City, State, Zip Code Belleville, NJ 07109		Name of Contact Susan Valerie
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>			Square feet 900 sf		
City Ortley Beach		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A.			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 3/7/16		Scheduled Completion Date (11) 3/8/16		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		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Piscataway, New Jersey 08854

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			
	REMOVAL	REPAIR	ENCLOSURE			ENCLOSURE			
Exterior		X		Asbestos siding-gable ends	250 sf	X			
						X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 3/9/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 3/7/2016

*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)

Date of Notification (1) March 7, 2016		Name of Building Owner/Operator (2) Jacobs Demolition & Carting 29067	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9 MAR 11 2016	
		City, State, Zip Code Manasquan, NJ 08736 ASBESTOS CONTROL	
		Name of Contact Linda	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 1100 sf		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/21/16		Scheduled Completion Date (11) 3/22/16		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 type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> 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			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
Exterior		X		Asbestos siding	1050 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 3/23/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 3/7/2016

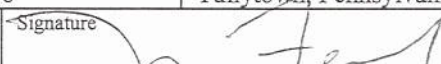
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) March 7, 2016		Name of Building Owner/Operator (2) EJP Inc. MAR 29 2016 9	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 409 Vath Street
			City, State, Zip Code Jackson, NJ 08527
		Name of Contact Joe Pingitore	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Marina		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 3/18/16	Scheduled Completion Date (11) 3/21/16		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 type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) 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 E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Exterior house		X		Asbestos siding	1500 sf	X			
Exterior garage		X		Asbestos siding	300 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey			Disposal Date 3/21/16	City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 3/7/2016		

*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)

Date of Notification (1) March 7, 2016		Name of Building Owner/Operator (2) Walters Residential, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 Barnegat Blvd. North
			City, State, Zip Code Barnegat, NJ 08005
			Name of Contact Victor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 1800 sf		
City LB Twp.		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 3/17/16		Scheduled Completion Date (11) 3/18/16		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 type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <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
Exterior house		X		Asbestos siding	1800 sf	X			
Exterior garage		X		Asbestos siding	450 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 3/18/16		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Femicola		Title Project Manager		Signature 			Date 3/7/16		

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

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

RECEIVED
 MAR 11 2016

Date of Notification (1) 03/08/16		Name of Building Owner/Operator (2) MORDECHAI KLEIN	
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 [REDACTED]	
		City, State, Zip Code WEST ORANGE, NJ 07052	
		Name of Contact MORDECHAI KLEIN	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet 2000	# of Floors 2
City (5) WEST ORANGE, NJ		Bldg. Age	
County (6) ESSEX COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	

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.	Telephone No. 732-668-9078	License No. 1200

Start Date (10) 03/18/16	Scheduled Completion Date (11) 03/21/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				PIPE INSULATION	90 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 YARDS	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 03/21/16	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date 03/08/16

NO CK

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

Date of Notification (1) <u>3</u> / <u>10</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Market Street - suite 325							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact Uzo Ahirakwe		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pine Street Pump Station			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 1169 Pine Street			Square Feet 4,800	# of Floors 3	Bldg. Age 60				
City (5) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Pump Station					
County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems				
Street Address PO Box 365			Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <u>3</u> / <u>7</u> / <u>16</u>		Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>16</u>		Name of OSHA Monitor CES					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / <u> </u> PM- <u> </u> AM			Street Address 1121 N. Bethlehem Pike - Suite 60						
			City, State, Zip Code Spring House, PA 19477						
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 checked="" type="checkbox"/> Glovebag Procedure <i>w/rep + cut</i>					
				<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
Sub Basement Through out	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Fittings(wrap/cut)	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Through out	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Gasket Rope	40 LF x 1/4"	<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 Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Communtiy Landfill				
City, State Hatfield, PA		Disposal Date 3/31/2016		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date <u>3/10/2016</u>			

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

check # 10509

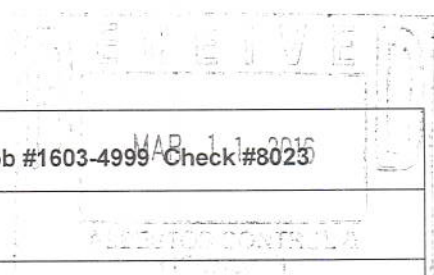
Date of Notification (1) <u>3</u> / <u>10</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Camden		MAR 11 2016				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120		City, State, Zip Code Camden, NJ 08101				
		Name of Contact John Bond		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) CHERRY STREET RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]			City (5) Camden					
City (5) Camden		Square Feet varies	# of Floors varies	Bldg. Age 50+				
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE				
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCN No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000	License No. 00847				
Start Date (10) 3 / 11 / 16		Scheduled Completion Date (11) 4 / 15 / 16		Name of OSHA Monitor CES				
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: <u>7:00AM-5:00PM</u> /____PM-____AM			Street Address 1121 N Bethlehem Pike -Suite 60					
			City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable 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) 200 YD per res	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED EMERGENCY	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS				
City, State Fairless Hills, PA		Disposal Date 4/15/16		City, State Tullytown PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>		Date 3/10/16			

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

Check # 10508

Date of Notification (1) <u>3</u> / <u>10</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact John Bond	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BROADWAY RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Camden	Square Feet varies	# of Floors varies	Bldg. Age 50+						
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000						
		License No. 00847							
Start Date (10) <u>3</u> / <u>11</u> / <u>16</u>	Scheduled Completion Date (11) <u>4</u> / <u>15</u> / <u>16</u>	Name of OSHA Monitor CES							
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: <u>7:00AM-5:00PM</u> / ____PM-____AM		Street Address 1121 N Bethlehem Pike -Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED EMERGENCY	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 4/15/16		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>			Date 3/10/16			

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



Date of Notification (1) <u>3</u> / <u>9</u> / <u>16</u>		Name of Building Owner/Operator (2) Kessler Institute for Rehabilitation / Job #1603-4999 Check #8023							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1199 Pleasant Valley Way							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Gary Formisano	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kessler Institute for Rehabilitation		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 1199 Pleasant Valley Way		Square Feet	# of Floors						
City (5) West Orange		Bldg. Age							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Institute							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering & Science, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 611 Insutrial Way W		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Nemetz	Telephone No. 732-904-9565	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>3</u> / <u>21</u> / <u>16</u>	Scheduled Completion Date (11) <u>3</u> / <u>22</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> 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
See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Insulation	30 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	48 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	25 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 3/22/16	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 			Date 3/9/16				

TABLE 2

MAR 11 2016

WEST ORANGE FACILITY
COMMENTS REGARDING INSPECTION

Notes: sf = square feet
lf = linear feet

ACBM	LOCATION	COMMENTS
White matrix block, grey corrugated aircell, and tan layered wafer pipe insulation and associated cementitious pipe joint compound	L083 (Mechanical Room)	1 lf damaged insulation
	Basement hallway, adjacent L079	2 lf damaged insulation
	Crawlspace area, Building C, South Pavilion, accessible through 1183	15 lf damaged insulation
	L042 (IT Office)	2 lf damaged insulation
	L044 (Tele/Data Room)	1 lf damaged insulation
Grey cementitious pipe fitting insulation associated with the fiber glass pipe insulation (ACM)	L070	3 locations
	L080 (Maintenance Room)	5 locations
	L081 (T-10 Fire Sprinkler Main)	1 locations
	L083 (T-12 Mechanical Room)	3 locations
	L086 (Boiler Room)	15 locations
Grey/white cementitious water tank insulation	L086 (Boiler Room)	25 sf damaged insulation
White matrix boiler flue insulation	L086 (Boiler Room)	30 lf cracks in insulation

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

Ch # 1973

MAR 11 2016

Date of Notification (1) <u>3</u> / <u>7</u> / <u>16</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
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 200 Elm Dr	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University		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 199 Nassau St		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>3</u> / <u>18</u> / <u>16</u>	Scheduled Completion Date (11) <u>3</u> / <u>19</u> / <u>16</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
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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: <u>AM-6:00PM</u> / <u>PM-2:00AM</u> <i>SAT 3/19/16 - 7 AM - 3:30 PM</i>		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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"/> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation debris	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	

Completed By (Print or Type) Brian Scaffiro	Title Estimator	Signature <i>Brian Scaffiro</i>	Date 3/7/16
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BS16030

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

Ch # 2975

Date of Notification (1) 3/8/16		Name of Building Owner / Operator (2) CP Haddon & Copewood LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 826 Broadway, 9th Floor
			City, State & Zip Code New York, NY 10003
			Name of Contact Lewis Cook
			Telephone Number 718-224-1234

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Plumber Building #1			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 87-89 Haddon Avenue			Square Feet 35000	# of Floors 3	Bldg. Age 80
City (5) Camden	County (6) CAMDEN	County Code (7)	Current Use (Prior if being demolished) PLUMBING SUPPLY		

Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 7 Pleasant Hill Road			Street Address 1123 BEAVER STREET		
City, State & Zip Code Cranbury New Jersey			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) 3/22/16	Scheduled Completion Date (11) 4/6/16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
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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: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" 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
Ground floor Offices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	2100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	4,040 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulk/glazing	100 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulk	32 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 70	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jk</i>		Date 3/8/15

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

Cl # 2975

Date of Notification (1) 3/8/16		Name of Building Owner / Operator (2) CP Haddon & Copewood LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 826 Broadway, 9th Floor	
		City, State & Zip Code New York, NY 10003	
		Name of Contact Lewis Cook	Telephone Number

MAR 11 2016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BUILDING # 2			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 1683 Haddon Avenue			Square Feet 35000	# of Floors 3	Bldg. Age 80
City (5) Camden	County (6) CAMDEN	County Code (7)	Current Use (Prior if being demolished) PLUMBING SUPPLY		

Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 7 Pleasant Hill Road		Street Address 1123 BEAVER STREET			
City, State & Zip Code Cranbury New Jersey		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) 3/30/16	Scheduled Completion Date (11) 4/15/16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" 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
First floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glazing	1665 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jz</i>	Date 3/8/15	

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

CR # 2975

Date of Notification (1) 3/8/16		Name of Building Owner / Operator (2) CP Haddon & Copewood LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 826 Broadway, 9th Floor
			City, State & Zip Code New York, NY 10003
			Name of Contact Lewis Cook
		Telephone Number	

MAR 11 2016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse Building #4			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 1675 - 77 Haddon Avenue			Square Feet 35000	# of Floors 3	Bldg. Age 80
City (5) Camden	County (6) CAMDEN	County Code (7)	Current Use (Prior if being demolished) PLUMBING SUPPLY		

Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 7 Pleasant Hill Road		Street Address 1123 BEAVER STREET			
City, State & Zip Code Cranbury New Jersey		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) 3/31/16	Scheduled Completion Date (11) 4/1/16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" 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) 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
Stairs leading to second floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 3/8/15	

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

CR# 2975

Date of Notification (1) 3/8/16		Name of Building Owner / Operator (2) Point Pleasant Beach School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 299 Cooks Lane	
		City, State & Zip Code Point Pleasant Beach, NJ 08742	
		Name of Contact Mark McNamara	Telephone Number

MAR 11 2016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) G Harold Antrim School			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 401 Niblick Street			Square Feet	# of Floors	Bldg. Age
City (5) Point Pleasant Beach	County (6) Ocean	County Code (7)	Current Use (Prior if being demolished) Various Services		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street			
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rick Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 3/25/16	Scheduled Completion Date (11) 4/1/16		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7:00 AM to 3 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting	35 Ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 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"/>

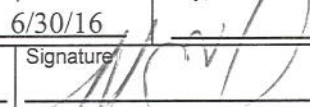
Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 Cu YD	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 4/1/16	City, State Waynesburg, Ohio	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 3/8/16

GI 16049

CK # 25084

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

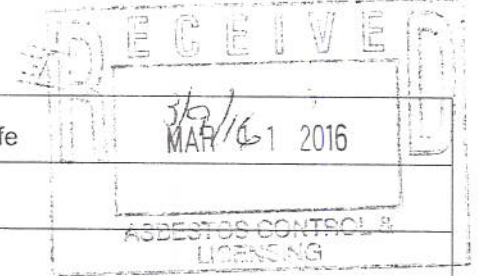
MAR 11 2016

Date of Notification (1) <u>3/9/16</u>		Name of Building Owner/Operator (2) <u>Van Dyke</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>164 Cranbury Rd. ASBESTOS CONTROL</u>							
		City, State, Zip Code <u>Princeton Junction, NJ 08550</u>							
		Name of Contact <u>Mr. Carl Van Dyke</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Old Grover's Mill</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>164 Cranbury Rd</u>		Square Feet <u>4000</u>	# of Floors <u>3</u>						
City (5) <u>Princeton Junction, NJ</u>		Bldg. Age <u>200+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>3/18/16</u>	Scheduled Completion Date (11) <u>6/30/16</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" 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
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>120 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Transite Board</u>	<u>8 sf</u>	<input checked="" type="checkbox"/>			
<u>Exterior Siding on Addtion</u>				<u>Transite Siding</u>	<u>600 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>			Disposal Date <u>6/30/16</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 		Date <u>3/9/16</u>					

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

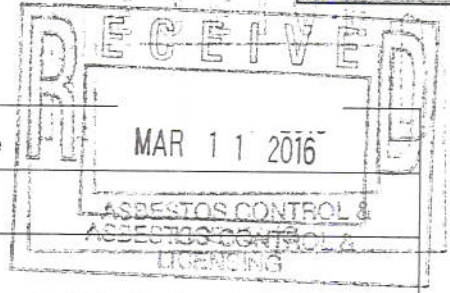
CK 1439

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



Date of Notification (1) 3/9/2016		Name of Building Owner/Operator (2) NJDEP - Division of Fish and Wildlife							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 402							
		City, State, Zip Code Trenton, NJ 08625-0402							
		Name of Contact Joseph Maio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Guard House - Forked River Game Farm		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 Game Farm Road		Square Feet	# of Floors						
City (5) Lacey, NJ 08731		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Ln, Suite B							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
		License No.							
Start Date (10) 03/03/2016	Scheduled Completion Date (11) 04/29/2016	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior	X			Grey Flue Cement	4 SF	X			X
Attic	X			Vermiculite	1,300 SF	X			X
Interior	X			VAT & Mastic	84 SF	X			X
Interior	X			Boiler Insulation	84 SF	X			X
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Allen Monchik		Title Project Manager		Signature 		Date 3/9/16			

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



Date of Notification (1) 02/23/2016		Name of Building Owner/Operator (2) NJDEP - Division of Fish and Wildlife	
Agencies Notified	Type Notification	Street Address P.O. Box 402	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0402	
		Name of Contact Joseph Maio	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Guard House - Forked River Game Farm		Type of Facility (4)	
Street Address Game Farm Road		<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) Lacey, NJ 08731		Square Feet	# of Floors
County (6) Ocean		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Ln, Suite B		
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No.

Start Date (10) 03/03/2016	Scheduled Completion Date (11) 04/29/2016	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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" 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) 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
Interior	X			Grey Flue Cement	4 SF	X			X
Attic	X			Vermiculite	1,300 SF	X			X
Interior	X			VAT & Mastic	84 SF	X			X
Interior	X			Boiler Insulation	84 SF	X			X

Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA	

Completed by Allen Monchik	Title Project Manager	Signature 	Date 2/23/16
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