


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

MO#22742779678

Date of Notification (1) 03 / 09 / 15		Name of Building Owner/Operator (2) Carol Richard							
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 14 Glenside Road City, State, Zip Code South Orange, NJ 07079 Name of Contact Carol Richard Telephone Number							
<b>FACILITY INFORMATION</b>									
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 14 Glenside Road		Square Feet	Bldg. Age						
City (5) South Orange, NJ 07079		# of Floors							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Gr Tech LLC						
City, State, Zip Code			Street Address 576 Valley Rd #283						
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470						
		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 03 / 18 / 15	Scheduled Completion Date (11) 03 / 19 / 15	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Street Address 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 type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	195 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 03/09/2015					


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

CK 4707

Date of Notification (1) 3/9/14		Name of Building Owner/Operator (2) Marylea Neri Private Home							
Agencies Notified	Type Notification	Street Address 613 North Dudley Av							
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ventnor NJ 08406							
		Name of Contact Jorden	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Marylea Neri Private Home		Type of Facility (4)							
Street Address 613 North Dudley Av		<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) Ventnor NJ 08406		Square Feet 1000+	# of Floors 1.5						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
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						
Start Date (10) 3/10/15		Scheduled Completion Date (11) 3/17/15	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1700 SF	X			
Throughout house			X	drywall joint	2500 SF	X			
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952	Cubic Yards of Waste TBD	Name of Registered Landfill Atlantic County Utilities Authority					
City, State Egg Harbor NJ		Disposal Date TBD		City, State Egg Harbor Township NJ 08234					
Completed by Anthony T Perna		Title President		Signature 			Date 3/9/15		

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

*Check 13698*

Date of Notification (1) 3/9/15		Name of Building Owner/Operator (2) Shepard Preparatory High School							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Columba Street							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Frank Cocuzza	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Shepard Preparatory High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 Columba Street		Square Feet	# of Floors						
City (5) Morristown		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
			License No. 703						
Start Date (10) 3/14/15	Scheduled Completion Date (11) 4/14/15	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> WRAP & CUT <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
business office			X	Pipe insulation	12 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Freehold, NJ		Disposal Date TBD		City, State					
Completed by A. Scott Higgins		Title President	Signature 			Date 3/9/15			

Mar 9 2015 01:26pm

P001/001

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New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

APPROVED  
NJ Dept. of Health & Senior Services  
Paul C. Roman  
(signature)  
Date: 3/9/15 Time: 12:54 PM

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

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

**NOTIFICATION INFORMATION**

Date of Notification: 3 / 9 / 2015  
☒ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification)  
Type of Work: ☐ Demolition ☒ Renovation

**BUILDING INFORMATION**

Name of Building Owner/Operator: Anthony Sampson  
Street Address: 822 Lexington Avenue City: Turnersville State: NJ Zip: 08012  
Name of Contact: Anthony Sampson Telephone: \_\_\_\_\_

**FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: Sampson Residence  
Describe Facility Use: Residence  
Street Address: 822 Lexington Avenue City: Turnersville State: NJ Zip: 08012  
County Name: Gloucester County Code (State Use Only): \_\_\_\_\_  
Scheduled Start Date: 3 / 12 / 2015 Scheduled Completion Date: 3 / 14 / 2015  
Occupancy Status During Activity (check only one):  
☐ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
☒ Other—Describe: Work to be completed in vacant areas of the building.

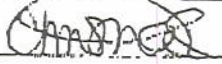
**Scope of Work (check all that apply):**

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>375 SF</u>	Percentage Asbestos: <u>%</u>
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>375 SF</u>	Percentage Asbestos: <u>%</u>
<input type="checkbox"/> Transite	Square Footage: _____	Percentage Asbestos: <u>%</u>
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: <u>%</u>
<input type="checkbox"/> Siding	Square Footage: _____	Percentage Asbestos: <u>%</u>
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: <u>%</u>

**CONTRACTOR INFORMATION**

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099  
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052  
New Jersey Asbestos License Number (if applicable): 00842  
Monitoring Firm (if applicable): MDG Environmental, LLC Telephone No.: 856-755-9300

**SIGNATURE**

Completed By (type or print legibly): Christina Lynch Title: Operations Manager  
Signature:  Date: March 9, 2015

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New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

## I. NOTIFICATION INFORMATION

Date of Notification: 3 / 9 / 2015

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

Type of Work: ☐ Demolition ☒ Renovation

## II. BUILDING INFORMATION

Name of Building Owner/Operator: Margate City School District  
Street Address: 8013 Winchester Avenue City: Margate City State: NJ Zip: 08402  
Name of Contact: Kurtis Woodrow Telephone No.: \_\_\_\_\_

## III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Eugene A. Tighe Middle School  
Describe Facility Use: School  
Street Address: 7804 Amherst Avenue City: Margate State: NJ Zip: 08402  
County Name: Atlantic County Code (State Use Only): \_\_\_\_\_  
Scheduled Start Date: 4 / 7 / 2015 Scheduled Completion Date: 4 / 11 / 2015

### Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
☐ Other—Describe: \_\_\_\_\_

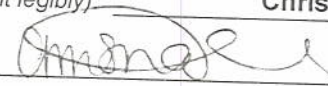
### Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>1,685 SF</u>	Percentage Asbestos: <u>        </u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>1,685 SF</u>	Percentage Asbestos: <u>        </u> %
<input type="checkbox"/> Transite	Square Footage: <u>        </u>	Percentage Asbestos: <u>        </u> %
<input type="checkbox"/> Roofing	Square Footage: <u>        </u>	Percentage Asbestos: <u>        </u> %
<input type="checkbox"/> Siding	Square Footage: <u>        </u>	Percentage Asbestos: <u>        </u> %
<input type="checkbox"/> Other: _____	Square Footage: <u>        </u>	Percentage Asbestos: <u>        </u> %


## IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099  
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052  
New Jersey Asbestos License Number (if applicable): 00842  
Monitoring Firm (if applicable): USA Environmental, Inc. Telephone No.: 609-656-8101

## V. SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Operations Manager  
Signature:  Date: March 9, 2015

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

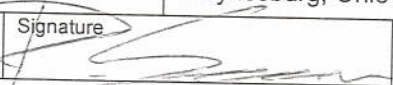
Date of Notification (1) March 9, 2015		Name of Building Owner/Operator (2) Adeline Santora		Check #1918	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 617 Avondale Avenue  City, State, Zip Code Haddonfield, NJ 08033  Name of Contact Adeline Santora	
				Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Santora Residence				Type of Facility (4)	
Street Address 617 Avondale 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) Haddonfield				Square Feet 1,400	# of Floors 2
County (6) Camden				Bldg. Age 70	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.			ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 411 Southgate Court, Suite E			Street Address 623 Cutler Avenue		
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Jack Carney			Telephone No. 856-224-0080	Telephone No. 856-755-0099	License No. 00842
Start Date (10) March 18, 2015			Scheduled Completion Date (11) March 21, 2015		
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor EMSL Analytical, Inc.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)
	Yes	No	N/A		
Attic		XXX		Vermiculite Insulation	860 SF
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ			Disposal Date 3/21/2015		City, State Newburg, PA
Completed by Christina Lynch		Title Operations Manager	Signature 		Date 3/9/2015

CK1844

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

Date of Notification (1) <b>3/9/15</b>		Name of Building Owner/Operator (2) <b>Under Construction Builders</b>									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address <b>88 Lakewood Dr. South # 3</b>		City, State, Zip Code <b>Gibbstown, NJ 08026</b>									
Name of Contact <b>Eric Plackis</b>		Telephone Number									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>128 Princeton Ave</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>128 Princeton Ave</b>		Square Feet <b>1156</b>									
City (5) <b>Lavallette</b>		# of Floors <b>1</b>									
County (6) <b>Olean</b>		Bldg. Age <b>65</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.									
Street Address		Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>									
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>									
Start Date (10) <b>3/10/15</b>		License No. <b>01196</b>									
Scheduled Completion Date (11) <b>3/13/15</b>		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									
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		City, State, Zip Code									
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 In Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Yes	No	N/A					
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) <b>1600SF</b>									
Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	<input checked="" type="checkbox"/>					
Removal	Repair	Encapsulate	Enclosure								
<input checked="" type="checkbox"/>											
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>									
City, State <b>Brick, New Jersey</b>		Cubic Yards of Waste <b>4</b>									
Completed by <b>Eric Plackis</b>		Name of Registered Landfill <b>GROWS</b>									
Title <b>President</b>		City, State <b>PA</b>									
Signature <b>Eric Plackis</b>		Date <b>3/9/15</b>									

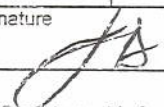
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/06/2015		Name of Building Owner/Operator (2) 207 Van Vorst Street Realty Company, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Henderson Street							
		City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Patrick Kretz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Field 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 207 Van Vorst Street		Square Feet 3,900	# of Floors 2						
City (5) Jersey City		Bldg. Age 90							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 03/16/2015	Scheduled Completion Date (11) 03/30/2015	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1385 Valley Road, Suite K							
		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Membrane	2,800 SF	X			
Roof		X		Roof Flashing	620 SF	X			
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 Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 02/02/2015		

CK 000376

PrintForm

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

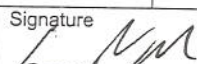
Date of Notification (1) 03-06-15		Name of Building Owner/Operator (2) Joseph Bowe							
Agencies Notified	Type Notification	Street Address 384 Parkview Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Scotch Plains, NJ 07076							
		Name of Contact Joseph Bowe	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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 384 Parkview Drive		Square Feet	# of Floors						
City (5) Scotch Plains		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC						
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
		License No. 01206							
Start Date (10) 03-16-15	Scheduled Completion Date (11) 03-18-15	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th Street							
<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 Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Firts Floor		x		VAT	400 SF	x			
Exterior		x		Siding	1300 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087			Disposal Date 03-19-15	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager	Signature 	Date 03-06-15					

NO CK

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

700

Date of Notification (1) 03/07/15		Name of Building Owner/Operator (2) Estate Found LLC.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	380 Lexington Ave. Suite 4005							
		City, State, Zip Code New York, NY 10168							
		Name of Contact Albert Mazzuca	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4)							
Street Address 123 44th. 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) Union City		Square Feet 8000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 95						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-406-7341						
Start Date (10) 02/11/15		Scheduled Completion Date (11) 03/17/15	License No. 01107						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Leslaw Nalodka							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			*	roofing material	10,000sf.	*			
1st. floor			*	pipe insulation	220lf.	*			
boiler room			*	transite ceiling panels	80sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ		Disposal Date 03/18/15		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 03/07/15			

Completion date extended  
due to weather.

**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>15</u>		Name of Building Owner/Operator (2) <u>KENRICH PETROCHEMICALS INC.</u>							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>140 EAST 22ND STREET / PO BOX 32</u>							
		City, State, Zip Code <u>BAYONNE, NJ 07002-0032</u>							
		Name of Contact <u>SALVATORE J MONTE</u>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>KENRICH PETROCHEMICALS, INC.</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 and commercial buildings, homes, etc.)							
Street Address <u>140 EAST 22ND STREET</u>		Square Feet <u>4500</u>	# of Floors <u>2</u>						
City (5) <u>BAYONNE</u>		Bldg. Age <u>25</u>							
County (6) <u>HUDSON</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>CHEMICAL PLANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>CRITERION LABORATORIES</u>		ASCM No.	Name of Abatement Contractor (9) <u>K+A ENVIRONMENTAL CONTRACTORS INC.</u>						
Street Address <u>3370 Progress Drive Suite 3</u>		Street Address <u>20 LAUCK ROAD</u>							
City, State, Zip Code <u>Bensalem, PA 19020</u>		City, State, Zip Code <u>MCHNTON PA 19540</u>							
Project Manager for Monitoring Firm <u>MIKE PANEPRESSO</u>		Telephone No. <u>215-244-1355</u>	Telephone No. <u>610-856-7700</u>						
License No. <u>01102</u>									
Start Date (10) <u>3 / 23 / 15</u>	Scheduled Completion Date (11) <u>4 / 30 / 15</u>								
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>3:00 PM - 7:00 AM</u>		Name of OSHA Monitor <u>CEI LABS</u>							
		Street Address <u>107 NEW EDITION COURT</u>							
		City, State, Zip Code <u>CARY NC 27511</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 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
<u>ESTER Building</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TANK INSULATION</u>	<u>500 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ESTER Building</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TANK INSULATION</u>	<u>1000 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>OUTSIDE NEXT TO</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TANK INSULATION</u>	<u>400 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ESTER Building</u>	<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 <u>SERVICE TRANSPORT GROUP, INC.</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>120</u>	Name of Registered Landfill <u>MINERVA LANDFILL</u>					
City, State <u>NEW CASTLE DE</u>		Disposal Date <u>5-1-15</u>	City, State <u>WAYNESBURG OH</u>						
Completed By (Print or Type) <u>ANTHONY SANTARELLI</u>		Title <u>OPERATION</u>	Signature <u>Anthony Santarelli</u>				Date <u>3-9-15</u>		

Date of Notification (1) 0   3   /   0   4   /   1   5		Name of Building Owner/Operator (2) Hillsborough Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 379 South Branch Road City, State, Zip Code Hillsborough, NJ 08844		Name of Contact Mr. Aiman Mahmoud, Bus. Admin./Board Secretary	
		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woods Road Elementary School Street Address 401 South Woods Road City (5) Hillsborough, NJ 08844			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 32,000 # of Floors 1 Bldg. Age 50+		
County (6) Somerset			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071			Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935		
ASCM No. 00118			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Ralph Coppola			License Number 00807		
Sched. Completion Date (11) 0   4   /   0   5   /   1   5   Month / Day / Year			Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		
Sched. Start Date (10) 0   3   /   2   7   /   1   5   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: <input type="checkbox"/> Other - Describe:					

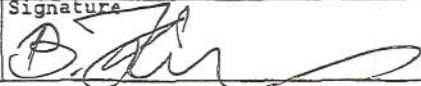
## Scope of Work (Check all that apply)

☐ 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) 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 E M E N T	R E P A I R	E N C A P S U L E	E N C I S U R E	E
Boiler Room No. 1	<input checked="" type="checkbox"/>	Pipe Joint Insulation	80 LF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>	Boiler Door Insulation	4 SF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>	Joint Compound	1,200 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North, Inc. City, State Tullytown, PA
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 3/4/15

Date of Notification (1) 0   3   /   0   4   /   1   5		Name of Building Owner/Operator (2) Hamilton Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 90 Park Avenue		City, State, Zip Code Hamilton, NJ 08690	
Name of Contact Katherine P. Atwood		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hamilton High School West			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2720 South Clinton Avenue			Square Feet 32,000		
City (5) Hamilton, NJ 08610			# of Floors 1		
County (6) Mercer			Bldg. Age 50+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 307 North Walnut Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Matt Abraham			Telephone Number 973-614-0377		
Telephone Number 610-431-7545			License Number 00807		
Scheduled Start Date (10) 0   4   /   0   2   /   1   5			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 0   4   /   0   6   /   1   5			Street Address 180 Sargeant Avenue		
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 type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, NJ 07013		


## Scope of Work (Check all that apply)

☐ Demolition  
☐ >3 sf or >3 lf  
☒ >160 sf or >260 lf

☒ Renovation

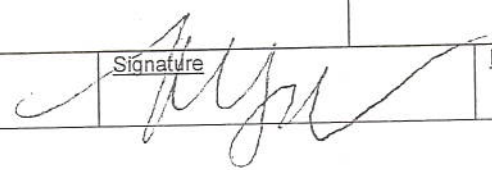
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

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 E M O V A L	R E P A I R	E N C A P S U L	E N C I S U R E	
Guidance Offices & Reception Area		<input checked="" type="checkbox"/>	Carpet/Floor Tile & Mastic Cove Base	887 SF	<input checked="" type="checkbox"/>				


Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North, Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 3/4/15	

CK 23680

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

Date of Notification (1) <b>EMERGENCY NOTIFICATION</b> 03/10/15			Name of Building Owner/Operator (2) Mt Arlington BOE		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 446 Howard Boulevard	
				City, State, Zip Code Mt. Arlington, NJ 07856	
				Name of Contact Robin C. Tedesco	Telephone Number 201-555-1111
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Edith M Decker School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: NA # of Floors: 1 Bldg. Age: 1950's		
Street Address 446 Howard Boulevard			Current Use (prior if being demolished):		
City (5) Mount Arlington	County (6) Morris	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Contractor (9) Panoramic Window & Door Systems Inc.		
Street Address		Street Address 714 Sergeantsville Road			
City, State, Zip Code		City State, Zip Code Stockton, NJ			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-926-0900		License Number 01237	
Scheduled Start Date (10) 03/13/15	Scheduled Completion Date (11) 03/15/15		Name of OSHA Monitor IAQGURU LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe  <input type="checkbox"/> Other - Describe:			Street Address 87 Main Street		
			City, State, Zip Code Lincoln Park, NJ 07035		
Source 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (window glazing)	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Over Exterior windows		Transite Panels	700 SF	<input checked="" type="checkbox"/>	
Exterior windows		Window Glazing	960 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F.	
Waste Management of PA 100 Ford Mills Road Tullytown, PA 19461		Disposal Date		City, State Tullytown PA	
Completed by (Print or Type) MARK Jovic	Title Consultant	Signature 	Date 03/09/15		

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

Date of Notification (1) 03/09/2015		Name of Building Owner/Operator (2) LINWOOD BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	51 BELHAVEN AVENUE							
		City, State, Zip Code LINWOOD, NJ 08221							
		Name of Contact POLISTINA & ASSOCIATES	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) POPLAR AVENUE SCHOOL		Type of Facility (4)							
Street Address WEST POPLAR AVENUE AND OAK 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) LINWOOD		Square Feet 20,000	# of Floors 1						
County (6) ATLANTIC		County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+						
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) SITE ENTERPRISES INC						
Street Address 318 12TH STREET		Street Address 815 12TH STREET							
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code HAMMONTON, NJ 08037							
Project Manager for Monitoring Firm JAMES PROCTOR		Telephone No. (609)704-8850	Telephone No. (609)567-1250						
Start Date (10) 03/20/2015		Scheduled Completion Date (11) 4/10/2015	License No. 01172						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor HEALTH & SAFETY SERVICES							
<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 318 12TH STREET							
		City, State, Zip Code HAMMONTON, NJ 08037							
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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM			X	BOILER BREACHING	16 LF	X			
BOILER ROOM			X	FIRE DOOR	8 SF	X			
EXTERIOR			X	TRANSITE	2000 SF	X			
EXTERIOR			X	WINDOWS	26 EACH	X			
Name of Registered Waste Hauler SITE ENTERPRISES INC		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 100CY	Name of Registered Landfill ACUA				
City, State 815 12TH STREET, HAMMONTON, NJ 08037				Disposal Date 04/10/2015	City, State EHT, NJ				
Completed by THOMAS ROCK		Title PM		Signature 			Date 03/09/2015		

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

Date of Notification (1) 03/09/2015		Name of Building Owner/Operator (2) LINWOOD BOARD OF EDUCATION	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 51 BELHAVEN AVENUE
			City, State, Zip Code LINWOOD, NJ 08221
		Name of Contact POLISTINA & ASSOCIATES	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) POPLAR AVENUE SCHOOL		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 WEST POPLAR AVENUE AND OAK AVENUE		Square Feet 20,000	# of Floors 1
City (5) LINWOOD	County (6) ATLANTIC	County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+
Current Use (Prior if being demolished) VACANT			

Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) SITE ENTERPRISES INC	
Street Address 318 12TH STREET		Street Address 815 12TH STREET		
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code HAMMONTON, NJ 08037		
Project Manager for Monitoring Firm JAMES PROCTOR		Telephone No. (609)704-8850	Telephone No. (609)567-1250	License No. 01172
Start Date (10) 03/20/2015	Scheduled Completion Date (11) 4/10/2015	Name of OSHA Monitor HEALTH & SAFETY SERVICES		

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 318 12TH STREET
		City, State, Zip Code HAMMONTON, NJ 08037

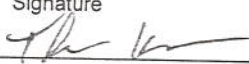
  

Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
---	--	--	--	---	---

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF			X	ROOFING FELT	20,000 SF	X			
THROUGHOUT			X	TILE AND MASTIC	9891 SF	X			
THROUGHOUT			X	CEILING TILE	9891 SF	X			
EXTERIER			X	TRANSITE SOFFITE	1000 SF	X			

Name of Registered Waste Hauler SITE ENTERPRISES INC		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 100CY	Name of Registered Landfill ACUA	
City, State 815 12TH STREET, HAMMONTON, NJ 08037			Disposal Date 04/10/2015	City, State EHT, NJ	
Completed by THOMAS ROCK		Title PM	Signature 		Date 03/09/2015

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

CHECK # 16374

Date of Notification (1) <b>May 21, 2014</b>		Name of Building Owner / Operator (2) <b>City of Ventnor</b>	
Agencies Notified	Type Notification	Street Address <b>6201 Atlantic Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Ventnor NJ 08406</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact <b>Bill Finkle</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>Ventnor City Municipal Building</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>6201 Atlantic Avenue</b>		Square Feet <b>15,000</b>	# of Floors <b>2</b>
City (5) <b>Ventnor</b>	County (6) <b>Atlantic</b>	Bldg. Age <b>90 years</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Municipal Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Enterprise Network Resolutions Contracting, LLC.</b>	
City, State & Zip Code		Street Address <b>874 Piney Hollow Road, P. O. Box 70</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Winslow, New Jersey 08095</b>	
Telephone Number		Telephone Number <b>609-567-0600</b>	License Number <b>01263</b>
Scheduled Start Date (10) <b>3-13-15</b>	Scheduled Completion Date (11) <b>4-13-15</b>	Name of OSHA Monitor <b>EMSL Analytical</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: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

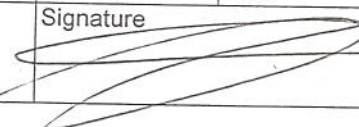
  

Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<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
Office space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	6,700 sq.ft.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

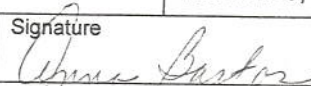
Name of Registered Waste Hauler <b>Bull Waste &amp; Recycling, Inc.</b>	NJDEP Waste Hauler ID No. <b>21435</b>	Cubic Yards of Waste <b>30 CY</b>	Name of Registered Landfill <b>ACUA</b>
City, State <b>Berlin, New Jersey</b>	Disposal Date <b>5-15-15</b>	City, State <b>Egg Harbor Twp., New Jersey</b>	
Completed By (Print or Type) <b>Theodore S. Budzynski</b>	Title <b>President</b>	Signature 	Date <b>3-10-15</b>

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

Date of Notification (1) 3/11/15		Name of Building Owner/Operator (2) Ed Wilkins							
Agencies Notified	Type Notification	Street Address 27 Strawberry Lane							
<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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsborough, NJ 08844							
		Name of Contact Ed Wilkins	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 109 Quimby 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) Westfield, NJ		Square Feet 6,000 +/-	# of Floors 1						
County (6) Union		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail Space							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 N. Pennell Road		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Media, PA		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 610-891-0114	License No. 01161						
Start Date (10) 3/16/15	Scheduled Completion Date (11) 4/3/15	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 South							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Partial		X		Acoustical surfacing material	1,200 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. SWE-15-10762	Cubic Yards of Waste 6	Name of Registered Landfill GROWS					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 3/11/15		

NO CF

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

Date of Notification (1) 3/6/15		Name of Building Owner/Operator (2) Township of Pequannock							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 530 Newark-Pompton Tpk.						
			City, State, Zip Code Pequannock, NJ 07440						
			Name of Contact Holly		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 21 Lyman Ave. (Flood Damaged 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 21 Lyman Ave.				<input type="checkbox"/> Square Feet 1,500					
City (5) Pequannock				<input type="checkbox"/> # of Floors 2					
County (6) Morris				<input type="checkbox"/> Bldg. Age 40+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address		Street Address 153 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 973-912-2480		Telephone No. 908-218-0880					
License No. 01228		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Start Date (10) 3/16/15		Scheduled Completion Date (11) 3/19/15		Street Address 153 Kinnelon Rd.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Kinnelon, NJ 07405					
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
12 Windows			X	Window Caulk	168 LF	X			
Entryway			X	VAT	25 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 2 CY		Name of Registered Landfill G.R.O.W.S.			
City, State Kinnelon, NJ		Disposal Date 9/23/14		City, State Morrisville, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature 		Date 3/6/15			

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

Date of Notification (1) 3/6/15		Name of Building Owner/Operator (2) Township of Pequannock							
Agencies Notified	Type Notification	Street Address 530 Newark-Pompton Tpk							
<input type="checkbox"/> EPA <input 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 Pequannock, NJ							
		Name of Contact Holly	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 30 Hampton Ave. Flood Damaged 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 30 Hampton Ave.		Square Feet 1500 sf	# of Floors 2 Story						
City (5) Pequannock, NJ		Bldg. Age 40+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Flood Damaged							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) March, 16, 2015		Scheduled Completion Date (11) March 19, 2015	Name of OSHA Monitor Yannuzzi Environmental Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon, NJ							
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) <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	Transite panels and debris	800 sf	x			
Name of Registered Waste Hauler Yannuzzi Group Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 2 CY	Name of Registered Landfill GROWS					
City, State Kinnelon, NJ		Disposal Date 3/19/15		City, State Morrisville, PA					
Completed by John Mucha		Title Project Mgr	Signature <i>John Mucha</i>	Date 3/6/15					

CK #6099

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/12/15</b>		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION 12)		Type of Facility (4)							
Street Address US ROUTE 46 - MILE POST 67.62		<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) HASBROUCK HEIGHTS		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) <b>3/23/15</b>	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: outdoors		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal-systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date <b>3/12/15</b>			

LK # 6100

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 - (LOCATION 11)		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 US ROUTE 46 - MILE POST 67.55									
City (5) HASBROUCK HEIGHTS		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) <b>3/23/15</b>	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: outdoors		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>		Date 3/17/15				

CK#6109

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG					
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	4000 HADLEY ROAD					
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080					
		Name of Contact JOHN KILLIAN					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION # 10)		Type of Facility (4)					
Street Address 206 ROUTE 46		<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) LODI		Square Feet N/A	# of Floors N/A				
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA				
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350				
Start Date (10) 3/23/15		Scheduled Completion Date (11) 12/31/2015	License No. 01111				
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.					
<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: outdoors		City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
OUTSIDE	Yes No N/A X	ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 3/11/15				

CK# 6108

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION 8)		Type of Facility (4)							
Street Address 126 ROUTE 46		<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) LODI		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
Start Date (10) 3/23/15		Scheduled Completion Date (11) 12/31/2015	License No. 01111						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: outdoors		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 3/11/15			

CK# 6107

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY ROAD						
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact JOHN KILLIAN	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION 7)		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 60 ROUTE 46		Square Feet N/A	# of Floors N/A					
City (5) LODI		Bldg. Age N/A						
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111					
Start Date (10) 3/23/15	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
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: outdoors		Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full-Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
OUTSIDE		X	ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 3/11/15				

CK # 6106

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

110 PEN  
NOTIFICATION

Date of Notification (1) 3/11/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION #6)		Type of Facility (4)							
Street Address 30 Route 46		<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) Lodi		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) 3/23/15	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: outdoors		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo	Date 3/11/15					

CK#6105

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

110PEN  
NOTIFICATION

Date of Notification (1) <u>3/11/15</u>		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	4000 HADLEY ROAD							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - M-1339 (LOCATION 5)		Type of Facility (4)							
Street Address 22 ROUTE 46		<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) LODI		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) 3/23/15	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: outdoors		396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 3/11/15			

CK#6104

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

110PEN  
NOTIFICATION

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact JOHN KILLIAN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION 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 240 ROUTE 46		Square Feet N/A	# of Floors N/A						
City (5) LODI		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) 3/23/15	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: outdoors		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 3/11/15			

CK #6103

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact JOHN KILLIAN						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-1339 (LOCATION 3)		Type of Facility (4)						
Street Address RT. 46 - (10 <sup>TH</sup> ST ENTRANCE) MP 65.98		<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) Lodi		Square Feet N/A	# of Floors N/A					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350					
Start Date (10) 3/23/15		Scheduled Completion Date (11) 12/31/2015	License No. 01111					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
<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: outdoors		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
OUTSIDE		X	ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 3/12/15		

CK#6102

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>3/11/15</b>		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M-133 <b>LOCATION #2</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>US ROUTE 46 - MILE POST 66.03</b>		Square Feet N/A	# of Floors N/A						
City (5) <b>LODI</b>		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) <b>3/23/15</b>	Scheduled Completion Date (11) 12/31/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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>outdoors</u>		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>			Date <b>3/12/15</b>		

OK # 6101

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		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN KILLIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - M - 1339 (LOCATION 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 845 RT. 46 - MILE Post 66.13									
City (5) Lodi		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
			License No. 01111						
Start Date (10) 3/23/15		Scheduled Completion Date (11) 12/31/2015							
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City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 3/12/15			