

CK 6696

D&S Proj. #: 16-83

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

RECEIVED
2016 MAR 16 AM 11:44
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 03/11/16		Name of Building Owner/Operator (2) paula doyle	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact paula doyle	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) paula doyle			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) MONTCLAIR	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 03/22/16		Sched. Completion Date (11) 04/08/16	License Number 01169	
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor D & S Restoration, Inc.	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address 20 California Avenue	
<input type="checkbox"/> Abatement performed outside of normal facility hours-Describe:			City, State, Zip Code Paterson, NJ 07503	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation			<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition			<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		ceiling plaster	152 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/23/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/11/16

D&S Proj. #: 16-76

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

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2016 MAR 16 AM 11:44

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 03/10/16		Name of Building Owner/Operator (2) CAROD MANAGEMENT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 212 Walton Avenue City, State, Zip Code RIDGEWOOD, NJ 07450	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact CAROD MANAGEMENT/BOB HEARN	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RESIDENTIAL BUILDING-CAROD MANAGEMENT			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 212 Walton Avenue			Square Feet		
City (5) RIDGEWOOD			# of Floors		
County (6) BERGEN			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 03/21/16		Sched. Completion Date (11) 03/30/16		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
basement left side	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		pipe insulation	40 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT right side		<input checked="" type="checkbox"/>		BARE HEATING PIPES	62 l ft	<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"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/5		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/10/2016	

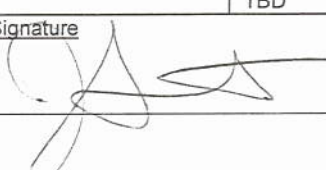
CK 00542625

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

ASBESTOS CONT
& LICENSING

2016 MAR 16 AM 11:49

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Date of Notification (1) March 14, 2016		Name of Building Owner/Operator (2) Public Service Electric and Gas Company	
Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 80 Park Plaza	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Nicholas Tonzetich	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSEG – Future Jackson Road Substation		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 Taft Road		Sq. Feet <u>115,700</u> # of Floors <u>1 story</u>	
City (5) Towtowa	County (6) Passaic	County Code (7) (State Use Only)	Bldg. Age <u>29 years</u>
		Current Use (prior if being demolished) <u>Warehouse & Office Facility</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Brandenburg Industrial Service Company
Street Address		Street Address 2217 Spillman Dr.	
City, State, Zip Code		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (610) 691 - 1800	License Number 00721
Scheduled Start Date (10) Demolition – April 04, 2016 Asbestos – March 21, 2016	Scheduled Completion Date (11) Demolition – May 14, 2016 Asbestos – April 02, 2016	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address	
Describe - <u>Removal of ACM in closed/shutdown portion of former Warehouse facility</u>		City, State, Zip Code	
Other – Work Hours will be Mon – Fri 7:00 am – 5:30 pm & Sat. 7:00 a.m. – 3:30 p.m.			
Source of Work (Check all that apply)			
(x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap. Enclose
Boiler Room	X	Flue Patch	1 SF
Boiler Room	X	Pipe Insulation	2 LF
Building A, interior & exterior	X	Caulk (w/ precast walls)	1,200 LF
Building A, office	X	Window Caulk	240 LF
Building A, vestibule	X	Transite (soffit)	10 SF
Building A, vestibule	X	Caulk (door frame)	36 LF
Building A, kitchen	X	Floor Tile & Mastic	200 SF
Building A, driver lounge	X	Window Glazing	3 Windows
Roof flashing	X	Flashing	2430 LF
Name of Reg. Waste Hauler Environmental Trans Group	NJDEP Waste Hauler ID # NJDEP 000692061	Cubic Yards of Waste 2 NT	Name of Reg. Landfill Republic Svs. – Conestoga Landfill
City, State Bethlehem, PA	Disp. Date TBD	City, State Morgantown, PA	
Completed by (Print or Type) Jennifer Strobel	Title Contract Manager	Signature 	Date 03/14/16

OK 5264

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

Date of Notification (1) <div style="text-align: center;">03 / 15 / 16</div>		Name of Building Owner/Operator (2) Sonehan 195 North Street LLC		<div style="transform: rotate(-15deg);"> RECEIVED 2016 MAR 16 AM 11:29 ASBESTOS CONTROL & LICENSING </div>					
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 196 North Street							
		City, State, Zip Code Teterboro, NJ 07608							
		Name of Contact Michael Colvin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former AGFA Facility				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 195 North Street									
City (5) Teterboro				Square Feet 25,000	# of Floors 1				
				Bldg. Age 60					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Empty Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) Red Roc Materials, LLC						
Street Address P.O. Box 1224		Street Address 20 Ramapo Valley Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Mahwah, NJ 07430							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 201-529-4700	License No. 01248					
Start Date (10) <div style="text-align: center;">03 / 25 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">04 / 01 / 16</div>		Name of OSHA Monitor Red Roc Materials, 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 Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM			Street Address 20 Ramapo Valley Road						
			City, State, Zip Code Mahwah, NJ 07430						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Former Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic (9X9)	4,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT (12X12)	4,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT (12X12)	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. 17634	Cubic Yards of Waste 60	Name of Registered Landfill Minerva Landfill					
City, State Linden, PA		Disposal Date on/abt 4/1/16		City, State Waynesburg, OH					
Completed By (Print or Type) Michael F. Keith		Title Project Manager		Signature <i>Michael Keith</i>		Date 3-15-16			

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

CK 59856
061102

Date of Notification (1) 3/15/2016		Name of Building Owner/Operator (2) TWO CENTER STREET RENEWAL, LLC C/O DRANOFF PROP							
Agencies Notified	Type Notification	Street Address 755 SOUTH BOARD STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PHILADELPHIA PA 19147							
		Name of Contact JIM SHERMAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ONE THEATER		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 36 PARK PLACE		Square Feet >50,000	# of Floors 2						
City (5) NEWARK NJ		Bldg. Age >50							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 515 GROVE STREET SUITE 1B		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm Raymond Alan Lloyd		Telephone No. 856 547-0505	License No. 00783						
Start Date (10) 3/29/2016	Scheduled Completion Date (11) 5/31/2016	Name of OSHA Monitor CRITERION LABS							
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: MONDAY-SATURDAY 7AM-11PM		Street Address 3370 PROGRESS AVE							
		City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				PLEASE SEE ATTACHED					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed by DAMIAN LAVELLE/CDV		Title PROJECT MANAGER	Signature <i>Damian Lavelle/CDV</i>	Date 3/15/2016					

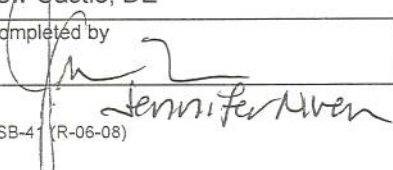
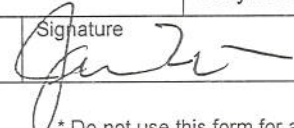
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

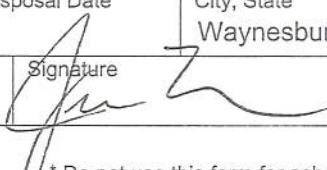
Check #
0729

Date of Notification (1) 03 / 11 / 16		Name of Building Owner/Operator (2) Madison Urban Renewal LLC/KRE Madison NJ Urban Renewal LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 US Route 22 City, State, Zip Code Bridgewater, NJ 08807 Name of Contact Noah Crismer Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A Former Elementary 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 and commercial buildings, homes, etc.)							
Street Address 33 Green Village Road		Square Feet 25,000	# of Floors 2 Bldg. Age 50 + yrs.						
City (5) Madison	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCN No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 655 West Shore Trail		Street Address 494 E. 41 Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm John Sekelsky		Telephone No. 973-729-5649	Telephone No. 973-345-0022 License No. 00507						
Start Date (10) 01 / 05 / 16	Scheduled Completion Date (11) 04 / 15 / 16	Name of OSHA Monitor East Coast Haz Mat Removal, 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 494 E. 41 Street City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 10,000 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Tar Paper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See attached sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Newark Carting		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 300	Name of Registered Landfill GROWS, Inc.					
City, State Newark, NJ 07105		Disposal Date 03-31-2016		City, State Morrisville, PA 12506					
Completed By (Print or Type) James Unger	Title Sr. Estimator/Project Manager		Signature <i>James Unger</i>		Date 3-11-16				

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

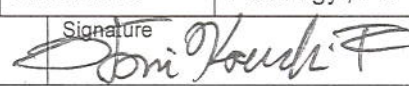
Date of Notification (1) 3/14/16		Name of Building Owner/Operator (2) Cooper Operating, LLC							
Agencies Notified	Type Notification	Street Address 2 Cooper Plaza							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08103							
		Name of Contact Tom Pitucci	Telephone Number 2						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Majestic Center for Rehabilitation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Cooper Plaza		Square Feet 30,000	# of Floors 3						
City (5) Camden		Bldg. Age +/-50							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) rehab center							
Name of Monitoring Firm Hired by Building Owner (8) Synertech Environmental Consulting		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 228 Moore Street		Street Address 2251 Fraley Street							
City, State, Zip Code Philadelphia, PA 19148		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm Andrew McMahon		Telephone No. 215-755-2305	License No. 01166						
Start Date (10) 3-18-16	Scheduled Completion Date (11) 3-18-16	Name of OSHA Monitor Synertech Environmental Consulting							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 228 Moore Street							
		City, State, Zip Code Philadelphia, PA 19148							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			X	mastic	200SF	X			
3rd floor			X	mastic	360SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date		City, State Waynesburg, OH					
Completed by 		Title Director of Operations		Signature 		Date 3-14-16			

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

Date of Notification (1) 3-8-16		Name of Building Owner/Operator (2) Cooper Operating, LLC							
Agencies Notified	Type Notification	Street Address 2 Cooper Plaza							
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08103							
		Name of Contact Tom Pitucci	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Majestic Center for Rehabilitation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Cooper Plaza		Square Feet 30000	# of Floors 3						
City (5) Camden		Bldg. Age +/-50							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) rehab center							
Name of Monitoring Firm Hired by Building Owner (8) Synertech Environmental Consulting		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 228 Moore Street		Street Address 2251 Fraley Street							
City, State, Zip Code Philadelphia, PA 19148		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm Andrew McMahon		Telephone No. 215-755-2305	License No. 01166						
Start Date (10) 3-18-16	Scheduled Completion Date (11) 3-18-16	Name of OSHA Monitor Synertech Environmental Consulting							
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: occupied		Street Address 228 Moore Street							
		City, State, Zip Code Philadelphia, PA 19148							
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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			x	VAT	200SF	x			
3rd floor			x	VAT	360 SF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date	City, State Waynesburg, OH					
Completed by Jennifer Niven		Title Dir. of Operations	Signature 	Date 3-8-16					

MO 22675455178

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

Date of Notification (1) 03/10/2016		Name of Building Owner/Operator (2) Fort Lee Assistance and Support Housing Corporation							
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 1403 Teresa Drive City, State, Zip Code Fort Lee, NJ 07024 Name of Contact Peggy McQuade Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Structure				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 2,999					
City (5) Fort Lee, NJ 07024				# of Floors 2					
County (6) Bergen				Bldg. Age 150					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential - Vacant							
Name of Monitoring Firm Hired by Building Owner (8)		ASC No.		Name of Abatement Contractor (9) GK Contractors LLC					
Street Address		Street Address 55 Wanaque Ave Suite 115							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973 513-4245					
Start Date (10) 03/24/2016		Scheduled Completion Date (11) 04/01/2016		License No. 01236					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Toni Kocevski					
Street Address 55 Wanaque Ave Suite 115				City, State, Zip Code Pompton Lakes, NJ 07442					
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 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
1st Fl. L.R., Stairway & 2nd Fl. Hall		x		Plaster	1340SF	x			x
2nd Fl. Right Rear & Front Bedroom		x		Plaster	950SF	x			x
						x			x
						x			x
Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. A901 #26085		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State 1141 Route 23, Wayne, NJ 07470				Disposal Date 04/01/2016	City, State Pen Argyl, PA				
Completed by Toni Kocevski		Title Project Manager			Signature 		Date 03/10/2016		