

C/K # 5157

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

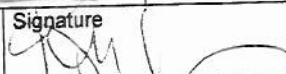
Date of Notification (1) <b>3/14/14</b>		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD						
			City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact CHRISTOPHER MORENO	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		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 422 UNIVERSITY AVE.		Square Feet 17291	# of Floors 3						
City (5) NEWARK		Bldg. Age 55 YRS.							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
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) <b>3/25/14</b>	Scheduled Completion Date (11) <b>3/28/14</b>	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>occupied by necessary operators only</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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd & 3rd Floors		X		WIRE ACM SOCK	120 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 7	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>3/14/14</b>		



Scope that attached  
map & cut attached

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

Amend # 6  
ON HOLD  
EXTEND END DATE

Date of Notification (1) <div style="text-align: center;">12 / 4 / 13</div>		Name of Building Owner/Operator (2) <b>Matheson Tri-Gas, Inc.</b>		Job # 1312-1833 Chk. #NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #06 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>150 Allen Road</b>		City, State, Zip Code <b>Basking Ridge, J 07920</b>	
		Name of Contact <b>Stephen Stroud, Esq.</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Matheson Tri-Gas Facility</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>932 Paterson Plank Road</b>				Square Feet <b>Attached</b>	# of Floors <b>1</b>
City (5) <b>East Rutherford</b>				Bldg. Age <b>1930's</b>	
County (6) <b>Bergen</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Management Group, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>5066R West Chester Pike - P.O. Box129</b>		Street Address <b>3859 Sylon Boulevard</b>			
City, State, Zip Code <b>Edgemont, PA 19028</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Timothy Van Amburgh # 023173</b>		Telephone No. <b>610-359-1790</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <div style="text-align: center;">12 / 13 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">04 / 30 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 U.S. Route 130 North</b>	
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Per Conv. w/ Chris Trevors on 12/4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	
ACM survey attached (4 pgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	
All items to be removed attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	
BOILER ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Doors	4 ea
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/01/14</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 	Date <b>03/14/14</b>

# A.M.S.

Asbestos & Mold Services

December 12, 2013

New Jersey Dept. of Labor  
Asbestos Control & Licensing  
1 John Fitch Plaza, 3<sup>rd</sup> Floor  
Trenton, NJ 08625-0949

& New Jersey Dept of Health  
Environmental Health Program  
CN 360  
Trenton, NJ 08625

Attn: Mr. Tom Voorhees

Attn: Mr. Paul Horner or Joe Eldridge

RE: Wrap & Cut Methodology

***Wrap and Cut Removal Procedures for Insulated Pipe/Fittings***

**Description of Work:**

- This section describes the procedures to remove asbestos containing insulation materials utilizing "wrap and cut" methods.

**Products Used:**

- Amended Water
- Wettable/adhesive Lagging Cloth
- Encapsulant (if specified in "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- Sawz-all

**Description of Work:**

- All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner or Owner's representative.
- Asbestos and Mold Services, Corp. shall adequately wet all ACM with amended water and wrap all exposed insulation with two layers of 6-mil poly. Each layer shall be sealed with duct tape around the pipe system.
- Upon the wetting, wrapping and sealing of the insulation, Asbestos and Mold Services, Corp. shall cut the pipe in existing spatial openings into sections no greater than 8 LF. These sections will be properly labeled and disposed of as asbestos waste.
- If there are no spatial openings present, Asbestos and Mold Services, Corp. shall perform glove bag abatement to remove approximately 3 inches of ACM insulation to facilitate the cutting of the pipe as described above.
- Asbestos and Mold Services, Corp. shall remove all asbestos containing materials from the work site in double 6-mil poly waste bags.
- All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

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***Asbestos and Mold Services 3859 Sylon Blvd. Hainesport, NJ 08036***  
***Phone 609.702.0400 Fax 609.702.1013***



# SUMMARY OF ASBESTOS-CONTAINING MATERIAL

Asbestos Pre-Demolition Inspection  
Matheson Tri-Gas Facility  
932 Paterson Plank Road  
East Rutherford, NJ

Sample Number	Sample Type	Sample Location	Asbestos Content	Material Quantity & Designation
<b>Building #1 (far most westerly building/adl. R&amp;R)</b>				
PACM	Corrugated Transite Roof Panels	Roof	PACM	400 SF (NF2)
<b>Building #23 - Ext. Rear Shed</b>				
2	Smooth Transite Sheet	Interior - Rear Shed	17	300 SF (NF2)
<b>Building #23 - Locker Room Building</b>				
3	Corrugated Transite Roof Panels	Roof/ground debris	15	1,200 SF (NF2)
4	Pipe Insulation - Magnesia block	Ext. Main Steam piping lines	44	(See "Ext Main Steam Lines" - FRI)
10	12" Floor Tile (tan)	Break room	31.2 NOB	1,000 SF (NF1)
13	Pipe Insulation	Boiler Room/floor debris	47	30 LF (FRI)
14	Pipe Insulation Magnesia block	Ext piping Main Steam Lines	36	100 SF
PACM	Corrugated Transite Roof Panels	From Loading Dock	PACM	(See "Ext Main Steam Lines" - FRI)
<b>Building #23 - Warehouse/Records Storage Building</b>				
PACM	Pipe Insulation	Warehouse Rear - Space Heater	PACM	5 LF (FRI)
21	12" Floor Tile (green)	Records Storage	5	70 SF (NF1)
22	12" Floor Tile (yellow)	Lab Room	3	1,400 SF (NF1)
<b>Building #23 - Project &amp; Spectroscopy Labs Building</b>				
25	Window glazing	Windows	6.7 NOB	36 windows(NF2)
<b>Building #13</b>				
28	Window glazing	Windows	3	1 window (NF2)
29	2'x4' Ceiling Tile (pine hole)	Ceiling	4	1,300 SF (FRI)
PACM	Corrugated Transite Roof & Siding Panels	Floor Debris Roof & Siding	PACM	1,300 SF
34	9" Floor Tile (tan)	Floor		Roof - 6000 SF (NF2)
35	2'x4' Ceiling Tile (striations)	Ceiling (3 rooms)	7	Siding - 2,750 SF (Same as #35) (NF1)
36	Spray-on fireproofing	Floor Debris Walls/Roof (over transite materials)	2 33	1,000 SF (FRI) 1,000 SF
38	9" Floor Tile (lt. brown (& under #37))	Floor (3 rooms)	45.6 NOB	Roof - 6000 SF Walls - 2,750 SF Floor Debris - 2,500 SF (FRI)
39	Asph't Mastic (black)	Floor	2.0 NOB	1,000 SF (NF1)
<b>Building #22 - Plant Engineering Office/Cylinder Storage Building</b>				
PACM	Corrugated Transite Roof Panels	Roof	PACM	1,600 SF (NF2)

# SUMMARY OF ASBESTOS-CONTAINING MATERIAL

Asbestos Pre-Demolition Inspection  
Matheson Tri-Gas Facility  
932 Paterson Plank Road  
East Rutherford, NJ

Sample Number	Sample Type	Sample Location	Asbestos Content	Material Quantity
<b>352 Harrison Plank Road East Rutherford, NJ</b>				
<b>Building #21</b>				
PACM	Transite Sheeting Panels	Exterior Blue Mech process box	PACM	200 SF (NF2)
PACM	Intake Manifold Gaskets	Top cover of the above process box	PACM	7 @ 1 SF ea. (FRI)
46	9" Floor Tile (green/tan)	Floor	10	400 SF (NF1)
46a	Asph'd Mastic (black)	Floor	1.3 NOB	400 SF (NF1)
48	2"x4" Ceiling Tile (pinhole)	Ceiling	4	1,800 SF (FRI)
49	Spray-on fireproofing	Roof (over transite)	25	Roof - 6000 SF (FRI) Walls - 2,750 SF Floor Debris - 1,800 SF
PACM	Corrugated Transite Roof Panels	Roof (middle section)	PACM	1,800 SF (NF2)
<b>Building #12 - Power House</b>				
PACM	Corrugated Transite Roof Panels	Roof - Rear Connecting Shed	PACM	500 SF (NF2)
PACM	Transite Sheeting	Vent Hoods/ Partition Wall	PACM	Hoods 600 SF Partition Wall 1,200 SF (NF2)
PACM	Pipe Insulation	Interior Ground Debris	PACM	270 LF (FRI) Ground Debris 25 SF
<b>Exterior Pipe Rack</b>				
33	Pipe insulation - spun paper	Ext. Main Steam piping lines	9	2,487 LF (FRI)
PACM (sample 4 & #14)	Pipe insulation - Magnesia block	Ext. Main Steam piping lines	44	
<b>Roofing Materials</b>				
60	Asphalt roofing (silver paint)	Bldg. 33 Warehouse roof	17	18,000 SF (90'x200')
61	Asphalt roofing (silver paint)	Bldg. 33 Warehouse roof Spectroscopy	18	
62	Asphalt roofing (silver black)	Bldg. 33 Freon - North	15	
63	Asphalt roofing (silver black)	Bldg. 33 Freon - South	15	
64	Asphalt Roof Tar (silver black)	Bldg. 33 - Project Lab	20	
65	Asphalt roofing (black)	Bldg. 31 - Filling Bldg. - East WING	<1-7	2,000 SF
66	Asphalt roofing (black/brown)	Bldg. 31 - Filling Bldg. - West		
67	Asphalt Roof Tar (black)	Bldg. 33 - South	17	(included with #60-#64 quantity) 23,000 SF (all platform roofs)
74	Asphalt Flat Roofing (silver/black)	Bldg. 21 - Cylinder Storage North	10	
76	Roofing (silver/black)	Bldg. 23 - Cylinder Storage	10	



**KEY:**

PACM - Presumed asbestos-containing material  
NOB - Confirms TEM-NOB Analysis  
ND - None Detected  
EMG#131003-TVA-1

3 2014



Asbestos Pre-Demolition Inspection Matheson Tri-Gas Facility 932 Paterson Plank Road East Rutherford, NJ Asbestos Material Summary				
Sample Number	Sample Type	Sample Location	Asbestos Content	Material Quantity
82	Floor tile	Office Building Interior		
82a NOB	Assoc'd mastic	Under glue down carpeting	8%	2,400 SF
91	Linoleum	Under glue down carpeting	1.9%	
92	12" Floor Tile	Restroom Corridor	15%	120 SF
93	12" Floor Tile	Ladies Restroom	2	150 SF
94	Linoleum Under #93	Lunch Room	2%	3,000 SF
95	9" Floor Tile	Lunch Room & Under all addition area carpeting	15%	(Floor Tile/Linoleum Only)
96	9" Floor Tile	Equip. Storage Room	2%	
102	Towel-on Acoustic Ceiling finish	North Office Perimeters (over gypsum board)	6%	1,200 SF
103	Floor Tile	North Office Areas		500 SF
105	9" Floor Tile	Storage Room with Attic hatch	10%	(included with #93/95)
106	9" Floor Tile	Conf Room	8%	400 SF
107	Floor Tile	"proposed" Conf. Room	10%	300 SF
108	Floor Tile	West Side Entry hallway	24.1%	400 SF
PACM	Pipe insulation - Air-cell and magnesia back	Attic - Plenum Areas	5%	400 SF
PACM	Pipe insulation - Air-cell and magnesia back	Steam loop	PACM	400 LF
PACM	Pipe insulation - Air-cell and magnesia back	Boiler Room		
PACM	Pipe insulation - Air-cell and magnesia back	Steam loop	PACM	230 LF
PACM	Pipe insulation - Air-cell and magnesia back	Assoc'd Floor debris	PACM	10 SF
PACM	Transite Corrugated Roof Paneling	Roofing		
PACM		pitched roof section extending under addition	PACM	6,000 SF

PACM = Presumed asbestos-containing material  
 NOB = Contains TEM-NOB Analysis  
 ND = None Detected  
 EPC9151003-TVA-1

Submitted by

*[Signature]*

Chief Admin

Original Notif

Date: 12/4/13

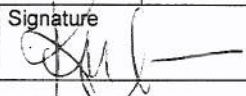
Amendment

Kim Thornberr, Chief Admin

#6 03-14-14

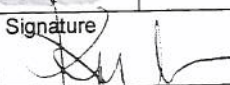


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">03 / 14 / 14</div>		Name of Building Owner/Operator (2) <b>CCTS - Crestar Capitol, LLC</b> / Job # 1403-1854 Chk. #3515						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1415 Route 70 East</b> City, State, Zip Code <b>Cherry Hill, NJ 08034</b> Name of Contact <b>D. Manrel</b> Telephone Number _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>1325 Myrtle Avenue</b>		Square Feet <b>2020</b> # of Floors <b>3</b> Bldg. Age <b>1965</b>						
City (5) <b>Plainfield</b>		County Code (7)(STATE USE ONLY) <b>Union</b> Current Use (Prior if being demolished) <b>Residential</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>16 West Elizabeth Avenue</b>		Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Linden, NJ 07036</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone No. <b>908-862-4301</b>	License No. <b>00862</b>					
Start Date (10) <div style="text-align: center;">03 / 24 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 24 / 14</div>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>50 LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Wrap</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/24/14</b>		City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>03/14/14</b>		



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

Date of Notification (1) <b>02 / 28 / 14</b>		Name of Building Owner/Operator (2) <b>Springpoint @ Meadow Lakes</b>		/ Job # <b>1403-1850 Chk. #NA</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>13 Roszel Road</b>							
		City, State, Zip Code <b>Princeton, NJ 08540</b>							
		Name of Contact <b>Heather Hill-Falkoff</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Meadow Lakes Building #15 - Tunnel</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>300 Meadow Lakes Road</b>				Square Feet <b>547,111</b>	# of Floors <b>1</b>				
City (5) <b>East Windsor</b>				Bldg. Age <b>47</b>					
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Continuing Care Retirement Community</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <b>2 / 26 / 14</b>		Scheduled Completion Date (11) <b>3 / 7 / 14</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Building 15 - Tunnel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Elbows &amp; Fittings</b>	<b>12 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bridge - Tunnel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Elbows &amp; Fittings</b>	<b>6 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building 13 - Tunnel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Elbows &amp; Fittings</b>	<b>6 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/7/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>3-7-14</b>		



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

Job #: 1109-1594  
Check #: NA

Date of Notification (1) <b>12/23/2013</b>		Name of Building Owner / Operator (2) <b>Camden Plaza Associates, c/o Edward D. Sheehan, Esq.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 OFF HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>511 Cooper Street</b>	
		City, State & Zip Code <b>Camden, NJ 08102</b>	
		Name of Contact <b>Mr. Edward Sheehan</b>	
		Telephone Number	

MAR 18 2014

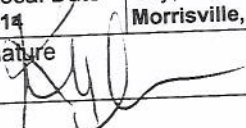
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Camden Plaza Hotel</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>500-510 Cooper Street</b>			Square Feet <b>75,000</b>	# of Floors <b>6</b>	Bldg. Age <b>85 years</b>
City (5) <b>Camden</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>			ASCM No.		
Street Address <b>PO Box 316</b>			Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>			Street Address <b>3859 Sylon Blvd.</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Telephone Number <b>856-848-0800</b>			Telephone Number <b>609-702-0400</b>		
License Number <b>00862</b>			Name of OSHA Monitor <b>EMSL Analytical</b>		
Scheduled Start Date (10) <b>3/10/14</b>			Scheduled Completion Date (11) <b>3/10/14</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>3/11/14</b>	City, State <b>Morrisville, PA</b>	Date <b>3/10/14</b>
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	



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

CL# 2580

Date of Notification (1) <b>3 / 14 / 14</b>		Name of Building Owner/Operator (2) <b>VERIZON</b>							
Agencies Notified <input 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 <b>15 EAST MONTGOMERY PLACE</b>							
		City, State, Zip Code <b>PITTSBURGH, PA 15212</b>							
		Name of Contact <b>C/O ALEX BAYLOR</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>VERIZON CAMDEN CO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>701 FEDERAL STREET</b>		Square Feet <b>99950</b>	# of Floors <b>12</b>						
City (5) <b>CAMDEN, NJ</b>		Bldg. Age <b>60</b>							
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 ENTERPRISE AVENUE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>PHILADELPHIA, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>3 / 24 / 14</b>	Scheduled Completion Date (11) <b>3 / 25 / 14</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>PM 5:00PM-1:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>MECHANICAL EQUIPMENT RM 4-21</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DUCT INSULATION</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date	City, State <b>WAYNESBURG, OH</b>						
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>ESTIMATOR</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>3/14/14</b>						

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

CE# 2579

Date of Notification (1) <div style="text-align: center;">3 / 13 / 14</div>		Name of Building Owner/Operator (2) <b>VERIZON</b>							
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 <b>15 MONTGOMRY PLACE</b>							
		City, State, Zip Code <b>PITTSBURGH, PA 15212</b>							
		Name of Contact <b>C/O ALEX BAYLOR</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>VERIZON SOMERVILLE CO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>172 W. MAIN STREET</b>									
City (5) <b>SOMERVILLE NJ</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 ENTERPRISE AVENUE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>PHILADELPHIA, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>3 / 27 / 14</b>	Scheduled Completion Date (11) <b>4 / 1 / 14</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>5:00PM-1:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input 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 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
<b>SECOND FLOOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT &amp; MASTIC</b>	<b>175 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>ST</sup> ENTRY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PIPE/FITTING INSULATION</b>	<b>3 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BASEMENT FAN ROOM</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2 Vibration Collars &amp; Pipe Insulation</b>	<b>10 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>ESTIMATOR</b>		Signature <i>Patrick T. DeCaro</i>			Date <b>3/13/14</b>		

PD 14016



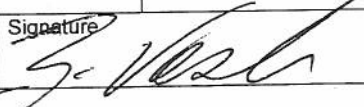
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Check # 007637**

Date of Notification (1) 3/14/14		Name of Building Owner/Operator (2) Bruce Devlin							
Agencies Notified	Type Notification	Street Address 315 East Palisade Ave							
<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	City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Bruce Devlin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Residence and Nursery School and Storage		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 420 Booth Ave		Square Feet 18000	# of Floors 2						
City (5) Englewood, New Jersey 07631		Bldg. Age 80							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) abandoned, to be demolished							
Name of Monitoring Firm Hired by Building Owner (8) n/a <i>ABS Environmental</i>		ASCM No. <i>nh</i>	Name of Abatement Contractor (9) Yannuzzi Environmental Services LLC						
Street Address <i>P.O. Box 483</i>		Street Address 152 Rte 206 South							
City, State, Zip Code <i>Englewood NJ 07418</i>		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm <i>Scott Higgins</i>		Telephone No. <i>877-434-6041</i>	Telephone No. 908-894-8086						
Start Date (10) March 26, 2014		Scheduled Completion Date (11) April 5, 2014	License No. 01228						
Name of OSHA Monitor Yannuzzi Environmental Services 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: <u>abandoned for demolition</u>		Street Address 125 Rte 206 South							
		City, State, Zip Code Hillsborough, NJ 08844							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior windows			x	window caulk	800 lf	x			
south basement pipe insulation			x	pipe insulation in south basement	200 lf	x			
basement			x	boiler insulation	150 sf	x			
south roof			x	field & flashing	900 sf	x			
Name of Registered Waste Hauler Yannuzzi & Sons, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40 CY	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date 4/5/14		City, State Bethlehem, PA					
Completed by John Mucha		Title Project Manager		Signature <i>[Signature]</i>		Date 3/14/14			

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

*Check # 1531*

Date of Notification (1) <b>03 / 13 / 14</b>		Name of Building Owner/Operator (2) <b>Anthony Khiami</b>	
Agencies Notified <input 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 <b>991 Main Street</b>	
		City, State, Zip Code <b>Paterson, NJ 07503</b>	
		Name of Contact <b>Anthony Khiami</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Store</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>991 Main Street</b>		Square Feet	# of Floors
City (5) <b>Paterson</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) _____		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
Street Address _____		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code _____		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>
Start Date (10) <b>03 / 23 / 14</b>	Scheduled Completion Date (11) <b>03 / 25 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b>	
		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> TSI Pipe Insulation
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>	Name of Registered Landfill <b>IESI Landfill</b>
City, State <b>Bethlehem, PA</b>			
Completed By (Print or Type) <b>Zvonko Veskov</b>	Title <b>President</b>	Signature 	Date <b>3/13/14</b>



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

B & G proj. #: 2014-10

Check # 6434

Date of Notification (1) 03/14/14		Name of Building Owner/Operator (2) Danny Turner	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 591 Quinton Avenue	
		City, State, Zip Code Kenilworth, NJ 07033	
		Name of Contact Danny Turner	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Danny Turner			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 591 Quinton Avenue			Square Feet    # of Floors    Bldg. Age		
City (5) Kenilworth, NJ 07033	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 03/24/2014		Sched. Completion Date (11) 03/24/2014	Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut            |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input type="checkbox"/> Mini-enclosure                                  | <input type="checkbox"/> Glovebag procedure    |
|  |  |  | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler area above ceiling			X	thin duct insulation	8 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler area			X	thin duct insulation	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry area			X	thin duct insulation	1 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 03/25/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/14/2014



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

B & G proj. #: 2014-39

Check #6433

Date of Notification (1) 03/14/14		Name of Building Owner/Operator (2) Vinnie Terrone	
Agencies Notified	Type Notification	Street Address 139 Barnett Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Boonton, NJ 07005	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Vinnie Terrone	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vinnie Terrone			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 139 Barnett Street			Square Feet		
City (5) Boonton, NJ 07005			County (6) Morris		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 03/24/2014		Sched. Completion Date (11) 03/24/2014	Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut                    |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Glovebag procedure |
|  |  |   | <input type="checkbox"/> Non-friable procedure         |

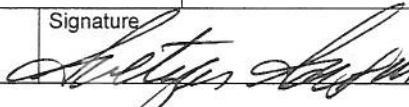
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	38 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	pipe insulation	45 lf	<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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 03/25/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/14/2014



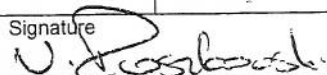
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*No Check*

Date of Notification (1) <b>03 / 14 / 14</b>			Name of Building Owner/Operator (2) <b>Monmouth County Prosecutors Office</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>132 Jersey Ville Avenue</b>					
				City, State, Zip Code <b>Freehold NJ 07728</b>					
		Name of Contact <b>Tom Aloia</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Existing Bldg A</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>132 Jersey Ville Avenue</b>				Square Feet <b>46,000 Sf.</b>					
City (5) <b>Freehold NJ 07728</b>				# of Floors <b>1</b>					
				Bldg. Age <b>1960</b>					
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Prosecutor's Office</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No. <b>30</b>		Name of Abatement Contractor (9) <b>APS Contractors Inc.</b>					
Street Address <b>120 North Warren St.</b>		Street Address <b>155-161 Pennsylvania Avenue</b>							
City, State, Zip Code <b>Trenton</b>		City, State, Zip Code <b>Paterson, NJ 07503</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>		License No. <b>00875</b>					
Start Date (10) <b>04 / 01 / 14</b>		Scheduled Completion Date (11) <b>04 / 28 / 14</b>		Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>1056 SHELTON AVE</b>					
				City, State, Zip Code <b>PISCATAWAY NJ 08854</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <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 checked="" 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)			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
Throat Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	3,600 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm 1022	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiberglass Wall Insul/Cement Brd Panels	324sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm1038	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic/Cork Floor Tile	144sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rms 1016,1017 & 1040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Piping/Pipe Insulation	553 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Atlantic Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>26085</b>		Cubic Yards of Waste <b>30 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Wayne, NJ 07470</b>				Disposal Date <b>04/28/2014</b>	City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Svetozar Savreski</b>		Title <b>President</b>		Signature 		Date <b>3/14/14</b>			

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

Check # 4526

Date of Notification (1) 03/14/2014		Name of Building Owner/Operator (2) Estate of N.J. Bouras							
Agencies Notified	Type Notification	Street Address 112 Beekman Rd.							
<input 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	City, State, Zip Code Summit, NJ 07901  Name of Contact Bill Crane							
<p align="center"><b>FACILITY INFORMATION</b></p>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 112 Beekman Rd.		Square Feet	# of Floors						
City (5) Summit		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 300 Grand Ave		Street Address 208 Piaget Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-253-8828						
License No. 00704									
Start Date (10) 03/24/2014	Scheduled Completion Date (11) 03/25/2014	Name of OSHA Monitor VMC Company, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Garage			x	Duct insulation	80 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature 		Date 03/14/2014				