


CK # 27321

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

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|--|--|---|--|
| Date of Notification (1) 3 / 13 / 15 | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION | |
| 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | |
| Street Address 2000 GALLOPING HILL ROAD, K-15-1 1480 | | City, State, Zip Code KENELWORTH, NEW JERSEY 07033 | |
| Name of Contact MIKE LATRONICA | | Telephone Number 908-740-4590 | |

| | | | |
|--|--|---|-------------------------|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | |
| Street Address 2000 GALLOPING HILL RD | | Square Feet 115,000 | # of Floors 3 |
| City (5) KENILWORTH | | County Code (7) (STATE USE ONLY) VACANT | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | |
| Street Address 655 WEST SHORE TRAIL | | Street Address 313 SPOOK ROCK ROAD | |
| City, State, Zip Code SPARTA, NEW JERSEY 07871 | | City, State, Zip Code SUFFERN, NEW YORK 10901 | |
| Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH | | Telephone Number 973-729-5649 | |
| Expected State Date (10) 3 / 30 / 15 | | Sched. Completion Date (11) 8 / 30 / 15 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM | | Street Address 1376 ROUTE 9 | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure | |

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--|---------------------------|----------------|--------|-----------|-----------|
| | | | | REMOVAL | REPAIR | ENCAPSULE | ENCLOSURE |
| KEN 006 | X | METAL RADIATOR COVERS- UNDERSIDE | 5,056 SF | X | | | |
| | | MASTIC COATING, 316 COVERS @ 16SF | | | | | |
| | | EACH | | | | | |
| KEN 006 | X | DUCT SEAM SEALANT-2ND FL 12 FT @ | 50 SF | X | | | |
| | | 4 DUCTS | | | | | |
| KEN 006 | X | INTERIOR SIDELIGHT WINDOWS WITH | 360 LF | X | | | |
| | | FRAME, 4,300 FT X 1" (215 WINDOWS) | | | | | |
| KEN 006 | X | PIPE INSULATION-SADDLES 340 @ 3 LF | 1,020 LF | | | | |
| | | | | | | | |
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|--|--|---|--|--|--|--|--|
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 80 | | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 | |
| City, State FREEHOLD, NEW JERSEY | | Disposal Date 3/30/15 - 8/30/2015 | | City, State MONTGOMERY, PA 17752 | | Completed by (Print or Type) BENJAMIN SANCHEZ | |
| Title DIRECTOR OF OPERATIONS | | Signature  | | Date 3/13/15 | | | |

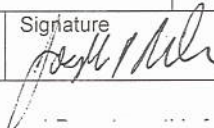
CK 13807

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

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|--|--|---|--|---|--|
| Date of Notification (1) MARCH 16, 2015 | | Name of Building Owner/Operator (2) ROBERTS PROPERTY | | | |
| Agencies Notified | | Type Notification | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | |
| | | Street Address 78 DE NORMANDIE AVENUE | | | |
| | | City, State, Zip Code FAIR HAVEN, NJ 07704 | | | |
| | | Name of Contact RICHARD GARDELLA | | Telephone Number 732-747-0241 | |

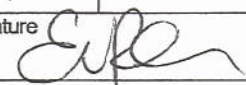
| FACILITY INFORMATION | | | | | |
|--|--|---|---|--|------------------------------|
| Name of Facility Where Abatement is Taking Place (3) ROBERTS PROPERTY | | | Type of Facility (4) | | |
| Street Address 78 DE NORMANDIE AVENUE | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| City (5) FAIR HAVEN | | | Square Feet 4800 SF | # of Floors 2 | Bldg. Age 1950+YRS |
| County (6) MONMOUTH | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) RESIDENCE | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | | Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc. | |
| Street Address | | Street Address 58 Broadway, Unit A | | | |
| City, State, Zip Code | | City, State, Zip Code Long Branch, NJ 07740 | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732.222.8372 | License No. 00040 |
| Start Date (10) 3/25/15 | | Scheduled Completion Date (11) 3/26/15 | | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | City, State, Zip Code | |
| Scope of Work (Check All That Apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <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 | | | X | AC SIDING | 1800 SF | X | | | |
| KITCHEN | | | X | VAT | 40 SF | X | | | |
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|--|--|---|---|---|------------------------|
| Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc. | | NJDEP Waste Hauler ID No. 12068 | Cubic Yards of Waste 5 cy | Name of Registered Landfill Tullytown, PA | |
| City, State Long Branch, NJ 07740 | | | Disposal Date 3/27/15 | City, State Tullytown, PA | |
| Completed by Joseph P. Miller | | Title President | Signature  | | Date 3/16/15 |

CK 1856

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

| Date of Notification (1) 3/12/15 | | Name of Building Owner/Operator (2) Paula Diller | | | | | | | |
|--|--|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 103 Kittiwake Avenue | | | | | | |
| | City, State, Zip Code Lavallette, NJ 08735 | | Name of Contact Eric Plackis | | | | | | |
| | | Telephone Number (732)899-7499 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address 103 Kittiwake Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Lavallette | | Square Feet 1245 | # of Floors 1 | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Bldg. Age 57 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) Home | | | | | | | |
| ASCM No. | | Name of Abatement Contractor (9) Brick Industries Inc. | | | | | | | |
| Street Address | | Street Address P.O. Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (732)899-7499 | License No. 01196 | | | | | | |
| Start Date (10) 3/13/15 | Scheduled Completion Date (11) 3/17/15 | | Name of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| | | | <input checked="" type="checkbox"/> | | 4 SF | <input checked="" type="checkbox"/> | | | |
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| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 1/2 | Name of Registered Landfill GROWS | | | | | |
| City, State Brick, New Jersey | | | Disposal Date 3/18/15 | City, State PA | | | | | |
| Completed by Eric Plackis | | Title President | Signature  | | | Date 3/12/15 | | | |

CK 005913

D&S Proj. #: 2015-80

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

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/13/13 | | Name of Building Owner/Operator (2) JOHN FERRARA | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 188 WASHINGTON AVENUE | | City, State, Zip Code WESTWOOD, NJ 07675 | |
| Name of Contact JOHN FERRARA | | Telephone Number 201-294-3436 | |

FACILITY INFORMATION

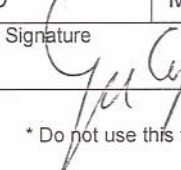
| | | | | | |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) JOHN FERRARA | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 188 WASHINGTON AVENUE | | | Square Feet | | |
| City (5) WESTWOOD, | | | County (6) BERGEN | | County Code (7) (State use only) |
| Current Use (Prior if being demolished) | | | # of Floors | | |
| | | | Bldg. Age | | |

| | | | | | |
|---|--|---|--|---|--|
| 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) 03/17/15 | | Sched. Completion Date (11) 03/31/15 | | 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 | |

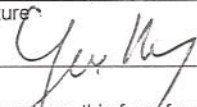
| | | | | | | | | | |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥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 | | X | | PIPE INSULATION (WRAP&CUT) | 193 L FT | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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|--|--|---------------------------|--|--------------------------------|--|---|--|
| 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 03/18/15 | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 03/13/15 | |

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

| | | | | | | | | | |
|--|--|--|---|---|---------------------------|----------------|-------------------|-------------|-----------|
| Date of Notification (1) 3/16/2015 | | Name of Building Owner/Operator (2) Paterson Public School | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <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 | 90 Delaware Avenue | | | | | | | |
| | | City, State, Zip Code Paterson, NJ 07503 | | | | | | | |
| | | Name of Contact Brenda Zemo | Telephone Number (973)321-0593 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Eastside High School | | Type of Facility (4) | | | | | | | |
| Street Address 150 Park Avenue | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Paterson | | Square Feet 50000 | # of Floors 3 | | | | | | |
| | | Bldg. Age -60 | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) High School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc. | | ASCM No. | Name of Abatement Contractor (9) Hazmat Diagnostic LLC | | | | | | |
| Street Address 1253 North Church | | Street Address 90 Dayton Avenue | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Passaic, NJ 07055 | | | | | | | |
| Project Manager for Monitoring Firm Jim Guilardi | | Telephone No. (856)840-8800 | License No. 01181 | | | | | | |
| Start Date (10) 4/04/2015 | Scheduled Completion Date (11) 4/04/2015 | Name of OSHA Monitor Same as above | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 |
| 2nd Floor | | X | | 6 Fire Doors | 126 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | Disposal Date TBD | | City, State Morrisville, PA 19067 | | | | | |
| Completed by Boban Verigik | | Title General Manager | | Signature  | | | Date 3/16/2015 | | |

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

| | | | | | | | | | |
|--|---|--|---|---|---------------------------|----------------|-------------------|-------------|-----------|
| Date of Notification (1) 03/16/2015 | | Name of Building Owner/Operator (2) Paterson Public School | | | | | | | |
| Agencies Notified | Type Notification | Street Address 90 Delaware Ave. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Paterson, NJ 07503 | | | | | | | |
| | | Name of Contact Brenda Zemo | Telephone Number (973)321-0593 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Paterson Public School Number#27 | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 250 Richmond Avenue | | Square Feet 40000 | # of Floors 2 | | | | | | |
| City (5) Paterson | | Bldg. Age -50 | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Elementary School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc. | | ASCM No. 0003 | Name of Abatement Contractor (9) Hazmat Diagnostic LLC | | | | | | |
| Street Address 1253 North Church Street | | Street Address 90 Dayton Avenue | | | | | | | |
| City, State, Zip Code Morristown, NJ 08057 | | City, State, Zip Code Passaic, NJ 07055 | | | | | | | |
| Project Manager for Monitoring Firm Jim Guilardi | | Telephone No. (856)840-8800 | Telephone No. (973)928-3994 | | | | | | |
| | | License No. 01181 | | | | | | | |
| Start Date (10) 4/02/2015 | Scheduled Completion Date (11) 4/07/2015 | Name of OSHA Monitor Same as above | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 |
| 2nd Floor (hallway) | | x | | Floor tiles and mastic | 1300 SF | x | | | |
| 2nd Floor (two classrooms) | | x | | Floor tiles and mastic | 2000 SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark carting Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | Disposal Date TBD | | City, State Morrisville Pa 19067 | | | | | |
| Completed by Boban Verigik | | Title General Manager | | Signature  | | | Date 3/16/2015 | | |