

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

CL # 2979
RECEIVED
2016 MAR 18 AM 9:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 11 / 25 / 15 </div>		Name of Building Owner/Operator (2) The College of New Jersey							
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 #2-3/15/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact David Jurkin							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-S.T.E.M. site(Former Holman Hall)		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 2000 Pennington Rd.		Square Feet # of Floors Bldg. Age							
City (5) Ewing									
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Env Manangement Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 344 West State St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-656-8101	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 3 / 16 / 16	Scheduled Completion Date (11) 3 / 30 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite water pipes	530 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam pipe	295 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 3/15/16			

AKH 2883

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) Joe Gulfo							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pt. Pleasant, New Jersey 08742							
		Name of Contact Jim	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gulfo Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1600	# of Floors 1						
City (5) Pt. Pleasant		Bldg. Age 68							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029						
Start Date (10) 3/23/16	Scheduled Completion Date (11) 3/30/16	Name of OSHA Monitor							
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: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outdoors			x	siding	1600sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colt Neck, New Jersey			Disposal Date	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 3/14/16					

CR#2879


Emergency Sandy REEM project

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

Date of Notification (1) 3/10/16		Name of Building Owner/Operator (2) Sandra Piscalletti		RECEIVED 2016 MAR 18 AM 9:19 ASBESTOS CONTROL & License Number					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union Beach							
		Name of Contact Paul							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Piscalletti Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Union Beach				Square Feet 1200	# of Floors 1				
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)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co Inc					
Street Address				Street Address 95 Montrose Rd					
City, State, Zip Code				City, State, Zip Code Colts Neck, NJ 07722					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 294 1757	License No. 00029				
Start Date (10) 3/14/16		Scheduled Completion Date (11) 3/18/16		Name of OSHA Monitor					
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: 7am-7pm				Street Address [REDACTED]					
				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 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
outdoors			x	siding	1200 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3	Name of Registered Landfill Chrins				
City, State Colt Neck, NJ				Disposal Date 3/18/16	City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 3/10/16			

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

<u>Date of Notification (1)</u> 02/22/2015		<u>Name of Building Owner/Operator (2)</u> 765 BROAD C, LLC		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> USEPA <input checked="" type="checkbox"/> NJDEP <input checked="" type="checkbox"/> NJDOL <input checked="" type="checkbox"/> NJDOH <input type="checkbox"/> NJDCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency Notification (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> c/o M. Caller Read Property Group 4706 18 Avenue		
		<div style="text-align: right;">2015 MAR 18 AM 9:19 ASBESTOS CONTROL & LICENSING</div>		
		<u>City, State, Zip Code</u> Brooklyn, NY 11706		
		<u>Name of Contact</u> M. Caller/Jared	<u>Tel. Number</u> 	
FACILITY INFORMATION				
<u>Name of Facility Where Abatement is Taking Place (3)</u> Commercial Property: 765 BROAD ST		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 765 BROAD ST.		<u>Sq. Feet:</u> 218,426 <u># of Floors</u> 7 <u>Bldg. Age</u> 48		
<u>City (5)</u> NEWARK	<u>County (6)</u> ESSEX	<u>County Code (7) (State Use Only)</u> 		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ISES, Inc.		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)	
<u>Street Address</u> 3300 Hudson Avenue		<u>Street Address</u> 3300 Hudson Avenue		
<u>City, State, Zip Code</u> Union City, NJ 07087		<u>City, State, Zip Code</u> Union City, NJ		
<u>Project Manager for Monitoring Firm</u> David Camacho	<u>Telephone Number</u> (201) 325-0055		<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124
<u>Scheduled Start Date (10)</u> 03/07/2015	<u>Scheduled Completion Date (11)</u> 04/08/2015		<u>Name of OSHA Monitor</u> ISES, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Basement is unoccupied.		<u>Street Address</u> 3300 Hudson Avenue		
		<u>City, State, Zip Code</u> Union City, NJ 07087		
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 SF or ≥ 3 LF <input checked="" type="checkbox"/> ≥ 160 SF or ≥ 260 LF </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure </div> <div> <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>				
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Basement	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> <div style="display: flex; justify-content: space-around;"> YES NO NA </div>	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)</u> Mastic	<u>Amount (Specify SF or LF)</u> ~ 21,227 SQ FT	<u>Abatement Type</u> <div style="display: flex; justify-content: space-between;"> Rem. Rep. Encap Enclose </div>
	X			X

Basement		X	Mastic under yellow carpet	~ 8892 SQ FT	X		
Basement		X	Vinyl Asbestos Floor Tile 9"X9"	~ 4,306 SQ FT	X		
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452		Cubic Yards of Waste ~ 40		Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road	
City, State 311 East Blackwell Street, Dover, NJ 07801				Disp. Date 04/08/2015		City, State Falls Township, PA	
Completed by (Print or Type) David Camacho		Title Supervisor		Signature 		Date 02/22/2015	

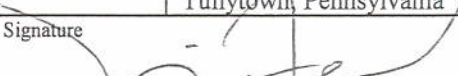
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 11, 2016		Name of Building Owner/Operator (2) Shoretown Construction	
Agencies Notified	Type of Notification	Street Address 22nd Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Ortley Beach, NJ 08751	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Mike	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number 201-201-1110	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Brick			County (6) Ocean		
Square feet 1200 sf			# of Floors 1		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 3/23/16			License Number 00624		
Scheduled Completion Date (11) 3/24/16			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Renovation		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure		
			<input type="checkbox"/> Mini-Enclosure		
			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1250 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 3/25/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/11/2016

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

CK 37618

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

Date of Notification 0 3 1 5 1 6		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 7 WEST SEVENTH STREET		City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Tia Wenrich		Telephone Number	

RECEIVED
2016 MAR 18 AM 9:18
ASBESTOS CONTROL
& LICENSING

Name of Facility Where Abatement is Taking Place MACY'S ROCKAWAY TOWNSQUARE			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 303 MOUNT HOPE AVENUE			SF of Bldg. 1 MILLION +SF	# Floor 3	Age of Bldg. 50+
City ROCKAWAY	County BERGEN	County Code State use Only	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES INC			ASCM No.		
Street Address 515 GROVE STREET SUITE 1B			Name of Abatement Contractor ACM CONSULTING CORP.		
City, State, Zip Code HADDON HEIGHTS, NJ 08035			Street Address 2150 STANLEY TERRACE		
Project Manager for Monitoring Firm TO BE DETERMINED			City, State, Zip Code UNION, NJ 07083		
Telephone No. TO BE DETERMINED			Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 3 28 2016		Scheduled Completion Date 3 30 2011		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:30PM TO 7:00AM Other - Describe:			City, State, Zip Code NEW YORK, NY 10118		

Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Friable Procedure				
Location of ACM Facility BASEMENT KIDS/HOME STOCKROOM	Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed VAT	Amount to be Removed (Specify SF/LF) 32SF	Abatement Type Rem. Rep. Enc.		
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC		
City, State BRONX, NY			Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO			
Completed By (Print or Type) ANITA SMOLAR			Title GENERAL MANAGER	Signature <i>Anita Smolar</i>		Date 3/15/16	

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

Date of Notification (1) 03/14/16		Name of Building Owner/Operator (2) The Morries Companies							
Agencies Notified	Type Notification	Street Address 135-145 Blanchard Street							
<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 Newark, NJ 07105							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Morries Companies		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 135-145 Blanchard Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 03/15/16	Scheduled Completion Date (11) 03/29/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof				Flashing	456 LF	x			
Windows				Caulking	500 LF	x			
Roof				Miscellaneous/Roofing Material	1520 SF	x			
Roof				Miscellaneous/Roofing Material	1032 SF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KENILWORTH, NJ			Disposal Date	City, State KEARNY, NJ					
Completed by Bryan Parra		Title Project Manager	Signature <i>Bryan Parra</i>	Date 03/14/16					

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

Check # 2907

GAC Project # 060-16

Date of Notification (1) <p align="center">March 14, 2016</p>		Name of Building Owner/Operator (2) <p align="center">RUTGERS, THE STATE UNIVERSITY OF NJ</p>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <p align="center">ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</p>		City, State, Zip Code <p align="center">PISCATAWAY, NJ 08854</p>	
Name of Contact <p align="center">MICHAEL SMITH, ENV. HEALTH & SAFETY</p>		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <p align="center">MEDICAL EDUCATION, BLDG# 3184</p>		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.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years	
Street Address <p align="center">RBHS NEW BRUNSWICK CAMPUS</p>		Current Use (prior if being demolished): ACADEMIC	
City (5) <p align="center">NEW BRUNSWICK</p>	County (6) <p align="center">MIDDLESEX</p>	County Code (7) <p align="center"><i>(State Use Only)</i></p>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <p align="center">ATC GROUP SERVICES LLC</p>		ASCM No. <p align="center">0098</p>	
Street Address <p align="center">3 TERRI LANE</p>		Name of Contractor (9) <p align="center">GREENWOOD ABATEMENT CONSULTANTS, INC.</p>	
City, State, Zip Code <p align="center">BURLINGTON, NJ 08016</p>		Street Address <p align="center">268 MAIN STREET</p>	
Project Manager for Monitoring Firm <p align="center">BRIAN KEARNY</p>		Telephone Number <p align="center">609-386-8800</p>	License Number <p align="center">00840</p>
Scheduled Start Date (10) <p align="center">03/24/16</p>		Scheduled Completion Date (11) <p align="center">03/25/16</p>	
Name of OSHA Monitor <p align="center">1 ENVIROVISION, INC.</p>		Street Address <p align="center">20-21 WARGARAW ROAD</p>	
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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		City, State, Zip Code <p align="center">FAIRLAWN, NJ</p>	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <p align="center">Rooms 513, 553</p>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) <p align="center">YES NO NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <p align="center">TRANSITE</p>	Amount (Specify SF or LF) <p align="center">100 SF</p>
Abatement Type <p align="center"> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose </p>			
Name of Reg. Waste Hauler <p align="center">See Hauler Below #1 & 2</p>		NJDEP Waste Hauler ID # <p align="center">See Below</p>	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 <p align="center">NJDEP # 28969</p>		Name of Registered Landfill <p align="center">G.R.O.W.S. North Landfill</p>	
Hauler #2) Newark Carting, Inc., Newark, NJ <p align="center">NJ DEP # 04509</p>		Disposal Date <p align="center">03/25/16</p>	City, State <p align="center">100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</p>
Completed by (Print or Type) <p align="center">RAYMOND C. PEDALINO</p>		Title <p align="center">SENIOR PROJECT MANAGER</p>	Signature <p align="center"><i>Raymond C. Pedalino</i></p>
Date <p align="center">March 14, 2016</p>			

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

03/14/2016 03:48PM 2013297440

BEST REMOVAL INC

PAGE 04/04

EMERGENCY WAIVER

NO HEAT

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

2016 MAR 18 AM 9:14

Date of Notification (1) 3/14/16		Name of Building Owner/Operator (2) MS. DIANE TERNHUNE					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDOL <input type="checkbox"/> BOH <input type="checkbox"/> DCA	Type of Violation <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 [REDACTED]	City, State, Zip Code ESSEX FELLS NJ 07021				
		Name of Contact MS. TERNHUNE	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. D. TERNHUNE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) ESSEX FELLS	Square Feet 4000 SF	# of Floors 2	Blkg. Age 95 YRS				
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 3/15/16	Scheduled Completion Date (11) 3/15/16	Name of OSHA Monitor Omega Environmental					
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: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 5' or less <input type="checkbox"/> 6' to 10' or less <input type="checkbox"/> 11' to 15' or less <input type="checkbox"/> 16' or more <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"/> Shredding Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fragile 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 system insulation, vermiculite, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT			THERMAL INSULATION	8 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 yd	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Hackensack, N.J. 07601	Disposal Date 3/15/16	City, State Waynesburg, Oh. 44688					
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 3/14/16				

ASB-41

Do not use this form for asbestos abatement excepted activities.

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

CIC 6072
2018 MAR 18 AM 9

Date of Notification (1) 3/14/16		Name of Building Owner/Operator (2) H.K. CHARLES SAUNDERS					
Agency 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 [REDACTED]					
		City, State, Zip Code LAVALLETTE, NJ 08735					
		Name of Contact MR. SAUJAGE	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. SAUNDERS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) LAVALLETTE		Square Feet 750 SF	# of Floors 1				
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Bldg. Age 58 years				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 3/28/16	Scheduled Completion Date (11) 3/30/16	Name of OSHA Monitor Omega Environmental					
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: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
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
FIRST FLOOR			VAT	700 SF	X		
FIRST FLOOR			TRANSITE / FRAIL	30 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 4.67	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601			Disposal Date	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator		Signature [Signature]	Date 3/14/16			

OK 1760

Print Form

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

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2016 MAR 18 AM 9:43

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 03/14/2016		Name of Building Owner/Operator (2) Kathryn Bowden							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input type="checkbox"/> [Redacted] City, State, Zip Code Newark NJ Name of Contact Kathryn Bowden Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [Redacted]		<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) Newark NJ		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Compentent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46							
City, State, Zip Code		City, State, Zip Code Totowa NJ							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244						
Start Date (10) 03/15/2016		Scheduled Completion Date (11) 03/25/2016	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	50 LF	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Tullyton Pa					
Completed by Zlate Geleski		Title VP	Signature 			Date 03/14/2016			

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

Check#2456

Date of Notification (1) 03 / 14 / 16		Name of Building Owner/Operator (2) Fon Sai	
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 ██████████ City, State, Zip Code Metuchen, NJ 08840 Name of Contact Fon Sai Telephone Number 	

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2016 MAR 18 AM 9:18
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence Street Address ██████████ City (5) Metuchen, NJ 08840 County (6) Middlesex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. 973-638-1777 01127	
Start Date (10) 03 / 25 / 16	Scheduled Completion Date (11) 03 / 27 / 16	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
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			
Scope of Work (Check all that apply) <input checked="" 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"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

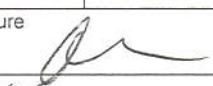
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>	Date 03/14/2016

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

Check 4889


2016 MAR 18 AM 9:16

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/15/16		Name of Building Owner/Operator (2) Jeffrey Canter							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]							
		City, State, Zip Code West Orange, NJ							
		Name of Contact Jeffrey Canter	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<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) West Orange		Square Feet 2100	# of Floors 2 Bldg. Age 70						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 3/24/16	Scheduled Completion Date (11) 4/24/16	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 checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 3/15/16			

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

Checked 14887

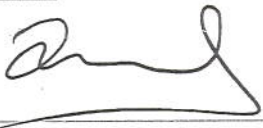
Date of Notification (1) 3/14/16		Name of Building Owner/Operator (2) Delbarton School		2016 MAR 18 AM 9:10 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 230 Mendham Road City, State, Zip Code Morristown, NJ 07960 Name of Contact M. Rimpel Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abbey Complex & Old Main Building			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 230 Mendham Road			Square Feet 3000	# of Floors 2	Bldg. Age 65				
City (5) Morristown		County (6) Morris		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive		City, State, Zip Code Glenwood, NJ 07418					
City, State, Zip Code		Telephone No.		License No.					
Project Manager for Monitoring Firm		Telephone No.		Current Use (Prior if being demolished)					
Start Date (10) 3/18/16		Scheduled Completion Date (11) 6/18/16		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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 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
Abbey Complex Old Pump Room			x	pipe insulation	4 LF		x		
Basement, Rm 301,304,305,306			x	wall plaster	270 SF		x		
Attic			x	wall & ceiling plaster	500 SF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed by A. Scott Higgins		Title President		Signature 		Date 3/14/16			

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

Check 6074
2016 MAR 18 AM 9:09
ASBESTOS CONTROL
079512ENSLING

Date of Notification (1) 3-15-16		Name of Building Owner/Operator (2) ELBAUM HOMES					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code FLORENCE PARK, NJ Name of Contact B. ELBAUM Telephone Number 1-8					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ELBAUM HOMES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED] City, State, Zip Code FLORENCE PARK		Square Feet 2600	# of Floors 3 Bldg. Age 81 YRS				
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.					
Telephone No.		License No.					
Start Date (10) 3-31-16	Scheduled Completion Date (11) 4-1-16	Name of OSHA Monitor Omega Environmental					
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: 8AM 5PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
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"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
BASMENT			X	THERMAL INSULATION	95 LF	X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 114 YD	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 4-1-16	City, State Waynesburg, Oh, 44688				
Completed by R. VELDRAU	Title Estimator	Signature R. Veldrau	Date 3-15-16				

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

7th floor	yes	black mastic under leveling compound and yellow glue	~ 2,594 SQ FT	X			
7th floor	yes	Vinyl Asbestos Floor Tile 9"X9"	~ 850 SQ FT	X			
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste ~ 30	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road			
City, State 311 East Blackwell Street, Dover, NJ 07801			Disp. Date 04/14/2015	City, State Falls Township, PA			
Completed by (Print or Type) David Camacho Walsh		Title General Manger	Signature 	Date March 15, 2016			

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

Date of Notification (1) 3/15/2016		Name of Building Owner/Operator (2) SOMERSET HILLS BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 25 OLCOTT AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BERNARDSVILLE, NJ 07924							
		Name of Contact DAN MCDOUGAL	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BERNARDS HIGH SCHOOL		Type of Facility (4)							
Street Address 25 OLCOTT 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) BERNARDSVILLE		Square Feet	# of Floors						
County (6) SOMERSET		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 20-21 WAGARAW ROAD, BLDG 35E		Street Address 11 VREELAND AVENUE							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm FRED LARSON		Telephone No. 973-949-3525	License No. 00494						
Start Date (10) 3/19/2016	Scheduled Completion Date (11) 3/26/2016		Name of OSHA Monitor SAME AS (9) 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: <u>Saturday start at 8AM</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 3/26/2016		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>			Date 3/15/2016		

Bernards High School
25 Olcott Avenue
Bernardsville, NJ 07924

<i>Location</i>	<i>ACM Material</i>	<i>Approx. Amounts</i>	<i>Removal Method</i>
<i>Auditorium Stage Floor</i>	<i>Black Mastic on Wood Parquet Floor</i>	<i>2,204 SF</i>	<i>Sub 8 Full Containment</i>
<i>Auditorium Balcony Level</i>	<i>9 x 9 VATs & Mastic</i>	<i>1,562 SF</i>	<i>Non-Friable</i>
<i>Auditorium Stage</i>	<i>Pipe Elbows</i>	<i>2 LF</i>	<i>Wrap & Cut</i>
<i>Auditorium Mech. Room</i>	<i>Fire Door</i>	<i>1 Unit</i>	<i>Remove, Wrap & Dispose</i>
<i>Auditorium</i>	<i>Sound Boards/ Transite Panels</i>	<i>6 panels – 840 SF</i>	<i>Wrap & Dispose</i>