

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Check # 10267

Date of Notification (1) 03/18/13			Name of Building Owner/Operator (2) Greg Scimeca		DOL - 10 DAY			
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation		Street Address 245 Country Club Dr.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> MAR 19 2013 WAIVER APPROVED </div>		
				City, State, Zip Code Morristown, NJ 08057				
				Name of Contact Gregory Scimeca		Phone Number 609-220-3915		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential property				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)				
Street Address 1018 Bloomfield, Hoboken NJ 07030				Sq. Feet: 2,820 sqft				
City (5) Hoboken		County (6) Hudson		# of Floors: 4 Bldg. Age: 126 years				
		County Code (7) (State Use Only)		Current Use (if being demolished):				
Name of Monitoring Firm Hired Bldg. Owner (8) N/A			ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.			
Street Address N/A			Street Address 3300 Hudson Avenue					
City, State, Zip Code N/A			City, State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm N/A		Telephone Number		Telephone Number (201)-325-0055		License Number 01124		
Scheduled Start Date (10) 03/20/13		Scheduled Completion Date (11) 03/29/13		Name of OSHA Monitor ISES, Inc.				
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area will be unoccupied during abatement				Street Address 3300 Hudson Avenue				
				City, State, Zip Code Union City, NJ 07087				
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure (X) 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 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
Basement		X	Pipe Insulation	150 LFT	X			
Basement		X	Boiler Insulation	83 SQFT	X			
Exterior Windows		X	Caulking glazing materials	120 LFT	X			
Third and Fourth Floor		X	Floor Tile	580 SQFT	X			
Basement		X	Ceiling Surfaces	130 SQFT	X			
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509		Cubic Yards of Waste 5		Name of Reg. Landfill IESI BETHLEHEM LANDFILL		
City, State 369 Raymond Blvd., Newark, NJ 07105			Disp. Date 03/29/13		City, State BETHLEHEM, PA 18015			
Completed by (Print or Type) David Camacho		Title Project Supervisor		Signature 		Date 03/18/13		

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

check #1272

Date of Notification (1) 03 / 18 / 13		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936					
Name of Contact KEN PIROZZI		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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 bldgs., homes, etc.)					
Street Address 1 HEALTH PLAZA		Square Feet 50,000					
City (5) EAST HANOVER		County (6) MORRIS	County Code (7) _____				
Building Age 40+		Current Use (Prior if being demolished) BOILER HOUSE					
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		ASCM NO _____					
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) LVI Environmental Services Inc.					
City, State, Zip Code UNION, NJ 07083		Street Address 462 Getty Avenue					
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		City, State, Zip Code Clifton, NJ 07011					
Telephone Number 908-688-7800		License Number 00117					
Sched. Start Date (10) 04 / 01 / 13		Sched. Completion Date (11) 04 / 02 / 13					
Occupancy Status During Abatement (Check Only 1) <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: 5:00PM - 11:30PM		Name of OSHA Monitor LVI Environmental Services Inc.					
		Street Address 462 Getty Avenue					
		City, State, Zip Code Clifton, NJ 07011					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BLDG 710	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE VALVE	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste _____	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date _____	City, State BETHLAHEM, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 03/18/13		

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check A 1271

Date of Notification (1) 03 / 18 / 13		Name of Building Owner / Operator (2) UTSI FINANCE INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 12755 EAST NINE MILE		City, State, Zip Code WARREN, MI 48089	
Name of Contact RENO TORRES		Telephone Number 2013 MAR 19 PM 9:30	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 HACKENSACK AVE			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 bldgs., homes, etc.)		
City (5) KEARNY	County (6) HUDSON	County Code (7)	Square Feet 25,000	# Of Floors 1	Building Age 40+
Current Use (Prior if being demolished) WAREHOUSE					
Name of Monitoring Firm Hired by Bldg. Owner (8) INDUSTRIAL HYGIENE CONSULTANTS			ASCM NO		
Street Address 605 BLOOMFIELD AVE, SUITE 5			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
City, State, Zip Code MONTCLAIR, NY 07042			Street Address 462 Getty Avenue		
Project Mngr. For Monitoring Firm UDAY SINGH			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 973-509-3320			Telephone Number 973-772-3660		
Sched. Completion Date (11) 04 / 04 / 13			License Number 00117		
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI 7:00AM-3:30PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTINGS	440 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING	25,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	FLASHING	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHAM, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 03/18/13		

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

Date of Notification (1) 03/12/2013		Name of Building Owner/Operator (2) Madison-Chatham Sewage Joint Meeting							
Agencies Notified	Type Notification	Street Address 214 N. Passaic Ave							
<input 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 Chatham NJ 07928							
		Name of Contact Chris Manak	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Madison-Chatham Sewage Treatment		Type of Facility (4)							
Street Address 214 N. Passaic 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) Chatham		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Sewage Authority						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address		Street Address 235 Watchung Ave							
City, State, Zip Code		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-243-9872						
			License No. 01171						
Start Date (10) 03/13/2013		Scheduled Completion Date (11) 03/13/2013							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Building No.1, Boiler room		x		pipe	9LF	x			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ		Disposal Date		City, State Morgantown PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>			Date 03/12/2013		

Date of Notification (1) 03/14/13		Name of Building Owner/Operator (2) BETHANY MELONE	
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 Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 27 MAPLE AVENUE		City, State, Zip Code NETCONG, NJ 07857	
Name of Contact BETHANY MELONE		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BETHANY MELONE			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 27 MAPLE AVENUE			Square Feet		
City (5) NETCONG			County (6) PASSAIC		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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		License Number 01169
Start Date (10) 03/25/13		Sched. Completion Date (11) 07/04/13			
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					

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ 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		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/26/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 03/14/13	

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

Date of Notification (1)
03/11/14

Name of Building Owner/Operator (2)
CAROL DESIMONE

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
 Amendment #: _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
217 BEACON AVENUE

City, State, Zip Code
JERSEY CITY, NJ 07306

Name of Contact
CAROL DESIMONE

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
CAROL DESIMONE

Street Address
217 BEACON AVENUE

City (5)
JERSEY CITY

County (6)
HUDSON

County Code (7) (State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
03/26/13

Sched. Completion Date (11)
04/04/13

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe: _____
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ 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	10 L FT	X			
Basement		X		BARE HEATING PIPES(RECLEAN)	130 L FT			X	

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
03/27/13

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
03/14/13

CK
2665

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

RECEIVED

Date of Notification (1) <u>03 / 19 / 13</u>		Name of Building Owner/Operator (2) <u>Colgate Palmolive Co.</u>							
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 <u>269 Worlds Fair Drive</u> City, State, Zip Code <u>Somerset, NJ 08873</u> Name of Contact <u>Mr. David Borch</u>							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) <u>Colgate Palmolive Co.</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <u>269 Worlds Fair Drive</u>		Square Feet <u>5000</u>							
City (5) <u>Somerset</u>		# of Floors <u>1</u>							
County (6) <u>Somerset</u>		Bldg. Age <u>30</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Packaging Facility</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>AET</u>		ASCM No.							
Street Address <u>28 N. Pennell Road</u>		Name of Abatement Contractor (9) <u>Ecoservices, LLC</u>							
City, State, Zip Code <u>Media, PA 19063</u>		Street Address <u>407 West Lincoln Hwy, Suite 40</u>							
Project Manager for Monitoring Firm <u>Eric Houseknecht</u>		City, State, Zip Code <u>Exton, PA 19341</u>							
Telephone No. <u>610-891-0114</u>		Telephone No. <u>484-872-8884</u>							
Start Date (10) <u>04 / 02 / 13</u>		License No. <u>01161</u>							
Scheduled Completion Date (11) <u>04 / 02 / 13</u>		Name of OSHA Monitor <u>EMSL</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>3</u> AM - <u>11</u> PM - <u>AM</u>		Street Address <u>200 Route 130 North</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Cinnaminson, NJ 08071</u>							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Research lab</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Transite hood line</u>	<u>66 sf.</u>	<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 <u>Freehold Cartage, Inc.</u>		NJDEP Waste Hauler ID No. <u>NJDEP54126164</u>		Cubic Yards of Waste		Name of Registered Landfill <u>Veolia Es Greentree Landfill</u>			
City, State <u>Freehold, NJ.</u>		Disposal Date <u>TBD</u>		City, State <u>Kersey, PA</u>					
Completed By (Print or Type) <u>Jack Bally</u>		Title <u>Sr. Project Manager</u>		Signature <u>Jack Bally @</u>		Date <u>3/19/13</u>			