

CK
13889

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

2013 MAR 20 PM 3:40
RECEIVED
DEPT. OF ENVIRONMENTAL
& NATURE
LICENSING

Date of Notification (1) 3/15/2013		Name of Building Owner/Operator (2) Bridgewater-Raritan School District	
Agencies Notified <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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 836 Newmans Lane		City, State, Zip Code Bridgewater, NJ 08807	
Name of Contact Mr. Raymond Ruth		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bridgewater-Raritan Middle School		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 128 Merriwood Rd			
City (5) Bridgewater	County (6) Somerset	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCN No. 00004	
Street Address 3 Crosswick Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Bordentown, NJ 08505		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Michael Hoodak		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 609-298-5520		Telephone Number 973 742 5030	License Number 00809
Scheduled Start Date (10) 3/27/13		Scheduled Completion Date (11) 3/31/13	
Name of OSHA Monitor MTM Metro Corporation			
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 135-137 McBride Av	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input checked="" 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"/> Mini-Enclosure <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room	<input checked="" type="checkbox"/>	Breeching Insulation	30 SF
Boiler Room	<input checked="" type="checkbox"/>	Pipe Fittings	6 LF
Abatement Type Rem. Rep. Encap Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 5
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown	
Disp. Date 4/1/13		City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 3/15/2013	

ASB-41

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

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

B & G proj. #: 2013-57

DOL check 10 DAY

Date of Notification (1) 03/13/14 / 11/13		Name of Building Owner/Operator (2) South Orange/Maplewood School District		<p>MAR 14 2014</p> <p>WAIVER APPROVED</p>
Agencies Notified	Type Notification	Street Address 525 Academy Street		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040		
		Name of Contact William Kyle		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maplewood Middle School (non sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 7 Burnet Street			Square Foot	# of Floors
City (5) Maplewood, NJ 07040			County (6) Essex	County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants			ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address PO BOX 385			Street Address 105 Ryerson Road	
City, State, Zip Code OCEANVILLE, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Eric Clarkson			Phone Number (609) 652-1833	Telephone Number (973) 696-6869
Scheduled Start Date (10) 03/15/2013			Sched. Completion Date (11) 03/16/2013	License Number 00378
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: start 3:30 pm			Name of OSHA Monitor B & G Restoration, Inc.	
			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ Non-frangible procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 281			X	O&M removal ceiling plaster	10 - 15 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NUDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/18/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/14/2013

B & G proj. #: 2013-57

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

***** EMERGENCY *****

Check # 5822

2013 MAR 20 PM 2:20
RECEIVED
DEPT. OF ENVIRONMENTAL PROTECTION
& LICENSING

Date of Notification (1) <u>03/14/13</u>		Name of Building Owner/Operator (2) South Orange/Maplewood School District	
Agencies Notified	Type Notification	Street Address 525 Academy Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact William Kyle	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maplewood Middle School (non sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12)		
Street Address 7 Burnet Street			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Maplewood, NJ 07040			<input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6) Essex		County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants			Current Use (Prior if being demolished) school (non sub8)		
Street Address PO BOX 385		Name of Abatement Contractor (9) B & G Restoration, Inc.			
City, State, Zip Code OCEANVILLE, NJ 08231-0385		Street Address 105 Ryerson Road			
Project Manager for Monitoring Firm Eric Clarkson		City, State, Zip Code Lincoln Park, NJ 07035			
Phone Number (609) 652-1833		Telephone Number (973) 696-6869		License Number 00378	
Scheduled Start Date (10) 03/15/2013		Sched. Completion Date (11) 03/16/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road			
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Lincoln Park, NJ 07035			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: start 3:30 pm					

Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address PO BOX 385		Street Address 105 Ryerson Road		
City, State, Zip Code OCEANVILLE, NJ 08231-0385		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Eric Clarkson		Telephone Number (973) 696-6869		License Number 00378
Scheduled Start Date (10) 03/15/2013		Sched. Completion Date (11) 03/16/2013		Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Lincoln Park, NJ 07035		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: start 3:30 pm				

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 281			<input checked="" type="checkbox"/>	O&M removal ceiling plaster	10 - 16 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/18/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/14/2013

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

Date of Notification (1) March 15, 2013		Name of Building Owner/Operator (2) Goldcoast, Sotheby's International Realty		Check # 5152					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 909 West Avenue City, State, Zip Code Ocean City, NJ 08226 Name of Contact John P. Dean					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 24 Delaware Avenue			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.)						
City (5) Somers Point			Square Feet 2,500	# of Floors 3	Bldg. Age 115				
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management and Env. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address P.O. Box 341				Street Address 623 Cutler Ave.					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070		Telephone No. (856) 755-0099	License No. 00842				
Start Date (10) April 11, 2013		Scheduled Completion Date (11) April 13, 2013		Name of OSHA Monitor EMSL					
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 107 Haddon Ave. City, State, Zip Code Westmont, New Jersey 08108					
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement and Crawlspace		XXX		Asbestos Pipe Insulation	200 LF	X			
Basement and Crawlspace		XXX		Asbestos Boiler Insulation	50 SF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date 4-13-13	City, State Tullytown, PA.				
Completed by Christina Lynch		Title Office Manager		Signature <i>Christina Lynch</i>		Date March 15, 2013			

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

Date of Notification (1) March 14, 2013		Name of Building Owner/Operator (2) Jim Maratea		Check # 5750	
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		118 Westminster Avenue	
				City, State, Zip Code Merchantville, NJ 08109	
				Name of Contact Jim Maratea	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Maratea Residence				Type of Facility (4)	
Street Address 118 Westminster 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) Merchantville				Square Feet 2,200	# of Floors 2
County (6) Camden				County Code (7) (STATE USE ONLY) _____	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) Management and Env. Consulting Services			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address P.O. Box 341			Street Address 623 Cutler Ave.		
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber			Telephone No. (609) 915-1140	Telephone No. (856) 755-0099	License No. 00842
Start Date (10) April 8, 2013		Scheduled Completion Date (11) April 10, 2013		Name of OSHA Monitor EMSL	
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: _____				107 Haddon Ave	
				City, State, Zip Code Westmont, New Jersey 08108	
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		XXX		Asbestos Containing Paper	120 SF
Name of Registered Waste Hauler Freehold			NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060			Disposal Date 4-10-13	City, State Tullytown, PA.	
Completed by Christina Lynch		Title Office Manager		Signature <i>Christina Lynch</i>	Date March 14, 2013

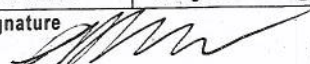
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 0049

Date of Notification (1) 3-15-2013		Name of Building Owner/Operator (2) Morris Habitat for Humanity							
Agencies Notified	Type Notification	Street Address 274 S. Salem Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Randolph, NJ 07869							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact David Sang	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 3 Story House		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 29 Hazel Street		Square Feet 3000	# of Floors 3						
City (5) Morristown		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 3-25-2013	Scheduled Completion Date (11) 3-29-2013	Name of OSHA Monitor Loznica Management Corporation							
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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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
Exterior			X	Asbestos Siding	2,000 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 3-15-2013			

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

Check No. **21129**

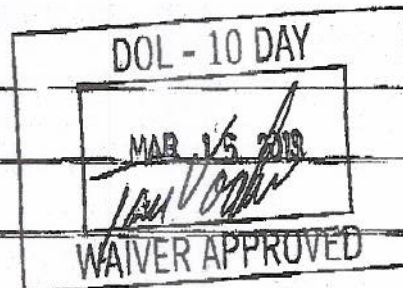
Date of Notification (1) March 14, 2013		Name of Building Owner/Operator (2) Chris Pierce					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 13:27D4</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 12 Douglas Place City, State, Zip Code Verona, NJ 07044 Name of Contact Chris Pierce Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) N/A		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 & commercial buildings, homes, etc.)					
Street Address 12 Douglas Place		Square Feet 900	# of Floors 2				
City (5) Verona, NJ 07044		Bldg. Age 1929 +/-					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Chris Pierce		ASCM No.					
Street Address 12 Douglas Place		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc., 22-2674200					
City, State, Zip Code Verona, NJ 07044		Street Address 223 Randolph Avenue					
Project Manager for Monitoring Firm Chris Pierce		Telephone No. 973-985-1395	City, State, Zip Code Clifton, N.J 07011				
Start Date (10) March 27, 2013	Scheduled Completion Date (11) April 07, 2013	Telephone No. 973-478-4681	License No. 00120				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor McCabe Environmental Services, L.L.C.					
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		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998					
<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) 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) 30 Sq Ft	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Living Room		Wall Plaster		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., 22-2674200		NJDEP Waste Hauler ID No. 12695	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises, Inc.			
City, State Clifton, N.J 07011		Disposal Date 03/29/13		City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Project Manager	Signature 		Date 3/14/2013			

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

Paragon Job#

2013 MAR 20 PM 9:40
LICENSING



Date of Notification (1) 03/11/13		Name of Building Owner/Operator (2) Boardwalk Hall	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 2301 Boardwalk City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Janet Mitrosak	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # <input checked="" type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Boardwalk Upper West Hall (Florida Ave. Side) Street Address 2301 Boardwalk City (5) Atlantic City County (6) Atlantic County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter A (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Houses, etc) Square Feet 66,000 # of Floors 2 Bldg. Age 70 Current Use (Prior to being demolished) Performance Center		
Name of Monitoring Firm Hired by Bldg. Owner (8) CDI Street Address 5434 King Ave. Suite 101 City, State, Zip Code Parsippany, NJ 08109 Project Manager for Monitoring Firm Jay Murray Phone Number 856-616-9516 Scheduled Start Date (10) 03/18/2013 Scheduled Completion Date (11) 03/20/2013			Name of Abatement Contractor (9) Paragon Contracting, Inc. Street Address 590 River Rd City, State, Zip Code Clifton, NJ 07014 Telephone Number (973) 614-1600 License Number 00748 Name of OSHA Monitor Paragon Contracting, Inc. Street Address 590 River Rd City, State, Zip Code Clifton, NJ 07014		
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: Required area at the Upper West Hall of the facility					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥280 lf ☒ Mini-enclosure ☐ Non-Exempted () Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Other
	Yes	No	N/A						
Upper West Hall Florida Ave. Side		<input checked="" type="checkbox"/>		O&M Floor Debris Clean up	1,800 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"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 5	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 03/15/2013

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

Paragon Job# _____

Date of Notification (1) 10/3/15		Name of Building Owner/Operator (2) Boardwalk Hall	
Agencies Notified	Type Notification	Street Address 2301 Boardwalk	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Atlantic City, NJ 08401	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Janet Mitrocsak	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (includ justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Boardwalk Upper West Hall (Florida Ave. Side)			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 2301 Boardwalk			Square Feet 60,000	# of Floors 2	Bldg. Age 70
City (5) Atlantic City	County (6) Atlantic	County Code (7) (State use only)	Current Use (Prior if being demolished) Performance Center		

Name of Monitoring Firm Hired by Bldg. Owner (8) EDI		ASCM No.	Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address 5434 King Ave. Suite 101			Street Address 590 River Rd.	
City, State, Zip Code Pennsauken, NJ 08109			City, State, Zip Code Clifton, NJ 07014	
Project Manager for Monitoring Firm Jay Murry	Phone Number 856-616-9516		Telephone Number (973) 614-1600	License Number 00748
Scheduled Start Date (10) 03/18/2013	Sched. Completion Date (11) 03/20/2013	Name of OSHA Monitor Paragon Contracting, Inc.		
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: Regulated area at the Upper West Hall of the facility		Street Address 590 River Rd.		
		City, State, Zip Code Clifton, NJ 07014		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Upper West Hall Florida Ave. Side		<input checked="" type="checkbox"/>		O&M Floor Debris Clean up	1,800 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"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 5	Name of Registered Landfill GROWS/Tullytown
City State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 03/15/2013

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

Date of Notification (1) 3/14/2013		Name of Building Owner/Operator (2) MAINARDI MANAGEMENT							
Agencies Notified	Type Notification	Street Address 1680 ROUTE 23, SUITE 330							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WAYNE, NJ 07470							
		Name of Contact RICHARD MAINARDI	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER UNION HOSPITAL		Type of Facility (4)							
Street Address 1000 GALLOPING HILL ROAD		<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) UNION		Square Feet	# of Floors						
County (6) UNION		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 116 TICES LANE, UNIT B-1		Street Address 250 RUTHERFORD BOULEVARD							
City, State, Zip Code EAST BRUNSWICK, NJ 08816		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	Telephone No. 973-956-8700						
Start Date (10) 3/25/2013		Scheduled Completion Date (11) 4/1/2013	License No. 00494						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND FLOOR		X		65 FITTINGS	32 SF	X			
				TILE ONLY	145 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 4/1/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>				Date 3/14/2013	

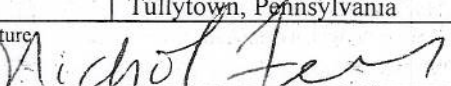
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: right;">3/15/2013</div>		Name of Building Owner/Operator (2) JAS Junior, LLC a 21369	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address P O Box 50 City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact Joe	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 310 Washington Avenue					
City Avon	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 1500 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.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 3/18/13	Scheduled Completion Date (11) 3/19/13		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

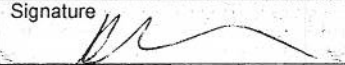
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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	1300 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 3/20/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/15/2013

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

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

Check 11994

Date of Notification (1) 3/15/13		Name of Building Owner/Operator (2) Mary Ann Kroeger							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 184 Jacoby Street		City, State, Zip Code Maplewood, NJ							
Name of Contact Mary Ann Kroeger		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		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 184 Jacoby Street		Square Feet 2000	# of Floors 2						
City (5) Maplewood		Bldg. Age 60							
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 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 3/18/13	Scheduled Completion Date (11) 3/25/13	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: _____		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 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	10 LF	x			
basement			x	boiler insulation	40 SF	x			
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises					
City, State Bronx		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Andrew S Higgins		Title President		Signature 			Date 3/15/13		

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

Date of Notification (1) 3 / 14 / 13		Name of Building Owner/Operator (2) JC Penney Company Incorporated							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive							
		City, State, Zip Code Plano, Texas 75024							
		Name of Contact Soy Thomas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JC Penney Quaker Bridge Mall		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 500 Quaker Bridge Mall		Square Feet 150,000	# of Floors 2						
City (5) Trenton		Bldg. Age 75							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	License No. 00774						
Start Date (10) 2 / 19 / 13	Scheduled Completion Date (11) 5 / 19 / 13	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND Level Joe Fresh Dept	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500SF	<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 Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 5/19/13		City, State Morrisville, PA					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>		Date 3/14/13			

CK
13888

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 3/15/2013		Name of Building Owner/Operator (2) Bridgewater-Raritan School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 836 Newmans Lane		City, State, Zip Code Bridgewater, NJ 08807	
Name of Contact Mr. Raymond Ruth			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Eisenhower Intermediated School		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 791 Eisenhower Ave			
City (5) Bridgewater	County (6) Somerset	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 00004	
Street Address 3 Crosswick Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Bordentown, NJ 08505		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Michael Hoodak		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 609-298-5520		Telephone Number 973 742 5030	License Number 00809
Scheduled Start Date (10) 3/25/13		Scheduled Completion Date (11) 3/27/13	
Name of OSHA Monitor MTM Metro Corporation			
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 135-137 McBride Av City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Boiler Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A <input checked="" type="checkbox"/> <input type="checkbox"/>	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Pipe Fittings	Amount (Specify SF or LF) 6 LF
			Abatement Type Rem. Rep. Encap Enclose <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 3
City, State Paterson, NJ 07501		Disp. Date 4/1/13	Name of Reg. Landfill Tullytown City, State Tullytown, PA
Completed by (Print or Type) Elizabeth Maslarkov	Title Business Administrator	Signature Elizabeth Maslarkov	Date 3/15/2013

ASB-41

Do not use this form for asbestos licensure exempt activities.

NO HEAT EMERGENCY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Partners to NJAC 8:50 and 12:12)

Check 4322

Date of Notification (7) 3-15-2013		Name of Building Owner/Operator (2) M. TROIANO		APPROVED NJ Dept of Health & Senior Services Call C. [Signature] Date: 3/15/13 Time: 2:26 PM	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Asbestos in C <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Construction	Street Address 321 EUCLID AVENUE City, State, Zip Code HACKENSACK, NJ 07601		Telephone Number	
Name of Facility Where Abatement is Taking Place (9) M. TROIANO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hospitals, etc.)		Elig. Age 85 YRS	
Street Address 321 EUCLID AVENUE		Square Feet 2400		# of Floors 2	
City (6) HACKENSACK		County Code (7) (STATE USE ONLY) BERGEN		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (3) Best Removal Inc	
Street Address		Street Address 450 S. River St		City, State, Zip Code Hackensack, N.J. 07601	
City, State, Zip Code		Telephone No. 201-329-7444		License No. 00388	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Inc	
Start Date (10) 3-18-2013		Estimated Completion Date (11) 3-19-2013		Street Address 280 Huyler St	
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 - Duration: 8 AM - 5 PM		City, State, Zip Code South Hackensack, N.J. 07606			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 9 F <input type="checkbox"/> ≥ 100 of or ≥ 250 F		Is Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Hot-Empting () and Hot-Plating Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance or Contract Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, spraying, VAV, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Enclosure
	Yes	No			
BASEMENT Boiler Room			THERMAL INSULATION	15 LF	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1/2 YD	
City, State Hackensack, N.J. 07601		Disposal Date 3-19-13		Name of Registered Landfill Minerva Enterprises	
City, State Waynesburg, Oh		Signature R. Veldran		Date 3-15-2013	

AES-41

* Do not use this form for asbestos intensive abatement activities.

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

Check # 7558

Date of Notification (1) 3/15/13		Name of Building Owner / Operator (2) Emerson Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 133 Main Street City, State & Zip Code Emerson, NJ 07630 Name of Contact Mike Murphy	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Emerson High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 131 Main Street		Square Feet 100,000	
City (5) Emerson		# of Floors 1	Bldg. Age 50
County (6) Bergen		Current Use (Prior if being demolished)	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road- Building 35E		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Fair Lawn, NJ 07410		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Wille Morales		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 973-636-9145		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) 3/29/13	Scheduled Completion Date (11) 4/29/13	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	


Scope of Work (Check all that apply)

☐ ≥ 3 sf or \geq If
☒ ≥ 160 sf or ≥ 260 If

☒ Renovation
☐ Demolition

☒ Full Containment with 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
HS Auditorium		X		<i>Asbestos containing acoustical plaster</i>	2800	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date April 30, 2013	City, State Morrisville, PA	
Completed By Diane Aloia	Title Exec. Administrator	Signature 	Date March 15, 2013

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

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

[illegible]

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

Date of Notification (1)

3 / 15 /13

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY N

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Street Address
1 HESS PLAZA

City (5)
WOODBIDGE

County (6)
MIDDLESEX

**County Code (7)
(STATE USE ONLY)**

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet 187,000 **# of Floors** 13 **Bldg. Age** 42

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22

City, State, Zip Code

UNION, NEW JERSEY 07083

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

1 / 12 / /13
Month Day Year

Sched. Completion Date (11)

3 / 15 /13
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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: Monday - Friday 6pm - 2:30 am
additional hours: 02/23/13 7am-3:30pm

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR
☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Enclo.
☐ Glovebag Procedure
☐ 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			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4th FLOOR -ENTIRE			x	VAT & MASTIC	8,005 SF	X			
4th FLOOR -ENTIRE			x	TAR	25 SF	X			
4th FLOOR -ENTIRE			x	PIPE INSULATION	75 LF	X			
4th FLOOR -ENTIRE			x	JOINT COMPOUND	12,180 SF	X			
4th FLOOR -ENTIRE			x	COVE BASE MASTIC	495 SF	X			
5TH FLOOR -ENTIRE			X	VAT & MASTIC	8,005 SF	X			
5TH FLOOR -ENTIRE			X	TAR	25 SF	X			
5TH FLOOR -ENTIRE			X	PIPE INSULATION	75 LF	X			
5TH FLOOR -ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
5TH FLOOR -ENTIRE			X	COVE BASE MASTIC	495 SF	X			
6TH FLOOR-ENTIRE			X	VAT & MASTIC	8,005 SF	X			
6TH FLOOR-ENTIRE			X	TAR	25 SF	X			
6TH FLOOR-ENTIRE			X	PIPE INSULATION	75 LF	X			
6TH FLOOR-ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
6TH FLOOR-ENTIRE			X	COVE BASE MASTIC	495 SF	X			

Name of Registered Waste Hauler
DJM TRANSPORT, LLC

NJDEP Waste Hauler ID No.
26981

Cubic Yards of Waste
200

Name of Registered Landfill
GROWS LANDFILL

City, State
KEARNEY, NEW JERSEY

Disposal Date
1/15/13-12/30/13

City, State
MORRISVILLE, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date 3/15/13

No check

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

****CONTINUATION OF ORIGINAL WORK**** CK#22680

Date of Notification (1) 3/13/2013		Name of Building Owner/Operator (2) STATE OF NEW JERSEY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> EMERGENCY justification) <input type="checkbox"/> Cancellation		Street Address DEPT. OF ENVIRONMENTAL PROTECTION City, State, Zip Code TRENTON, NJ 08625 Name of Contact DAVID D'ANDREA
			Telephone Number
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) GATEWAY NATIONAL PARK (SANDY HOOK)		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)
Street Address BLDG. 102		Square Feet	
City (5) HIGHLANDS, NJ		# of Floors Bldg. Age	
County MONMOUTH		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH SERVICES		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address 78 E. ATLANTIC WAY		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code LAVALLETTE, NJ 08735		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 3/14/2013	Scheduled Completion Date (11) 3/20/2013	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> FACILITY CLOSED/VACATED DURING ENTIRE ABATEMENT PERIOD Abatement Performed Outside of Normal Facility Hours		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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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)
	Yes	No	
BLDG 102		<input checked="" type="checkbox"/>	VAT
BLDG 102		<input checked="" type="checkbox"/>	PIPE INSULATION
Amount (Specify SF or LF)		Abatement Type	
1300 SQ. FT.		Removal	Repair
450 LIN. FT.		Encapsulate	Enclosure
Name of Registered Waste Hauler TIMSTER DISPOSAL		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 10 YD
City, State WEST CREEK, NJ 08092		Name of Registered Landfill GROWS	
Disposal Date 3/21/2013		City, State MORRISVILLE, PA	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 3/15/2013

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

REC CK# 0050

Date of Notification (1) 3-18-2013		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 South Livingston 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Haddon View Apartments		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 1 Mac Arthur Blvd.		Square Feet	# of Floors 50+						
City (5) Haddon Township		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Units							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 3-28-2013	Scheduled Completion Date (11) 4-15-2013	Name of OSHA Monitor Loznica Management Corporation							
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: 9am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
East Maintenance Shop			X	Popcorn Ceiling	480 SF	X			
East Storage Room #1			X	Popcorn Ceiling	500 SF	X			
East Storage Room #2			X	Popcorn Ceiling	280 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 3-18-2013			

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

Check # 2628

GAC Project # 060-13

Date of Notification (1) March 14, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
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 ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PAUL ROBESON LIBRARY, BLDG # 7003		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.) NOT SUB 8 Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
Street Address CAMDEN CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) CAMDEN	County (6) CAMDEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/25/13	Scheduled Completion Date (11) 03/29/13		
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: Shift Hours: 5:00 PM - 5:00 AM (24Hr access as needed)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <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 </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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
299 Suite	<input checked="" type="checkbox"/>	VAT	4500 SF
299 Suite	<input checked="" type="checkbox"/>	TRANSITE	1100 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612		Disposal Date 03/29/13	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date March 14, 2013

6349-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Non-Friable Notification
Check #: 5314

Date of Notification (1) 03/14/13		Name of Building Owner/Operator (2) Advantage Solutions	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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	
Street Address 158 College Place City, State, Zip Code South Orange, NJ 07079		Name of Contact Keith Pressey, Managing Partner	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) YWCA - Park Avenue Preschool			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 397 Park Avenue City (5) Orange, NJ 07050			County (6) Essex		
County Code (7) (STATE USE ONLY)			Square Feet 40,000		
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates, Inc. Street Address P.O. Box 645 City, State, Zip Code Shillington, PA 19607			Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Michael Krisher			Telephone Number 610-856-7700		
Scheduled Start Date (10) 03/25/13			Sched. Completion Date (11) 04/05/13		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Current Use (Prior if being demolished) Preschool		
Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013			License Number 00807		

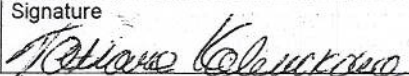
Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ 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) 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 N C I O S U R E	
Main Stairwell, Front Office, Rm 11, 21, 22, 23 & 24	X	Floor Tile/Mastic	2,106 SF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 3/14/13	

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

Date of Notification (1) 03 / 15 / 13		Name of Building Owner/Operator (2) Union County		Check # 2520 \$ 200					
Agencies Notified <input 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 2 Broad Street City, State, Zip Code Elizabeth, New Jersey 07207 Name of Contact Thomas MacDermant Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse, Justice Complex				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2 Broad Street				Square Feet 20,000 # of Floors 4 Bldg. Age 55+					
City (5) Elizabeth, New Jersey 07207				County Code (7) (STATE USE ONLY) Union Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 0017		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900		Telephone No. 973-225-8400 License No. 01104					
Start Date (10) 03 / 26 / 13		Scheduled Completion Date (11) 03 / 27 / 13		Name of OSHA Monitor J&S 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 - Describe Time of Abatement: 7AM-3PM				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083					
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 10 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4th Floor File Room, Rotunda Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(O&M Repair-neg air, criticals)		<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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.			
City, State Woodland Park, New Jersey				Disposal Date 03/28/13		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature 		Date _____			

CK
023634

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

Date of Notification (1)
03 / 15 / 13

Name of Building Owner/Operator (2)

The Beacon

Agencies Notified Type of Notification
[X] EPA
[X] DOL [X] Initial Notification
[X] DOH [X] Amended Notification
[] DCA [] Cancellation Amendment # 4
[] Emergency

Street Address

4 Beacon Way

City, State, Zip Code

Jersey City, NJ 07306

Name of Contact

Tom Wilk

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Criterion Building

Street Address

100 Clifton 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)
[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip

Wayne NJ 07470

Project Manager for Monitoring Firm

Telephone Number

Telephone Number

973 628-9500

License Number

00408

Scheduled State Date (10)

03 / 25 / 13
Month / Day / Year

Scheduled Completion Date (11)

09 / 25 / 13
Month / Day / Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement
[] Abatement Performed Outside of Normal Facility
[X] Hours - Describe: 7:00a.m. - 3:30p.m.
[] Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

[] Demolition
[X] Renovation
[] ≥ 3 sf or ≥ 3 lf
[X] ≥ 160 sf or ≥ 260 lf

[X] Full Containment With Negative Pressure
[] Mini-Enclosure
[X] Glovebag 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 / 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	N	E
Please see attached.	Yes	No	N/A	M	R	C	C
				O	P	P	O
				V	A	S	S
				A	I	U	U
				L	R	L	R
						E	E

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
J.R. Contracting & Environmental Consulting, Inc.	17819		G.R.O.W.S
City, State	Disposal Date	City, State	
Wayne NJ 07470		Morrisville PA	
Completed by (Print or Type)	Title	Signature	Date
Jerry Bijelonic	Project Manager		3/15/2013

NOTIFICATION OF ASBESTOS ABATEMENT

Attachment

RECEIVED
2013 MAR 20 PM 5:40

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Main-Tenence/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	ENCAPSULATION	ENCLOSURE
Floor C – HVAC Room			X	Debris	225 SF	X			
Floor C – Throughout			X	Pine Insulation	520 LF	X			
Floor C – Stairwell			X	Transite	120 SF	X			
Floor B – Dining Room			X	Radiator Pads	150 SF	X			
Floor B – Throughout			X	Pine Insulation	500 LF	X			
Floor A – Throughout			X	Pine Insulation	500 LF	X			
Floor G – Throughout			X	Pine Insulation	500 LF	X			
1 st Floor – Throughout			X	Pine Insulation	500 LF	X			
1 st Floor – Throughout			X	Duct Insulation	200 SF	X			
2 nd Floor – Throughout			X	Pine Insulation	500 LF	X			
2 nd Floor – Throughout			X	Duct Insulation	200 SF	X			
2 nd Floor – Throughout			X	VAT	520 SF	X			
3 rd Floor – Throughout			X	Pine Insulation	500 LF	X			
3 rd Floor – Throughout			X	Duct Insulation	200 SF	X			
3 rd Floor – Throughout			X	VAT	2300 SF	X			
4 th Floor – Throughout			X	Pine Insulation	500 LF	X			
4 th Floor – Throughout			X	Duct Insulation	200 SF	X			
5 th Floor – Throughout			X	Pine Insulation	500 LF	X			
5 th Floor – Throughout			X	Duct Insulation	200 SF	X			
6 th Floor – Throughout			X	Pine Insulation	500 LF	X			
6 th Floor – Throughout			X	Duct Insulation	200 SF	X			
7 th Floor – Throughout			X	Pine Insulation	500 LF	X			
7 th Floor – Throughout			X	Duct Insulation	200 SF	X			
8 th Floor – Throughout			X	Pine Insulation	500 LF	X			
8 th Floor – Throughout			X	Duct Insulation	200 SF	X			
9 th Floor – Throughout			X	Pine Insulation	400 LF	X			
9 th Floor – Throughout			X	Duct Insulation	200 SF	X			
10 th Floor – Throughout			X	Pine Insulation	400 LF	X			
10 th Floor – Throughout			X	Duct Insulation	200 SF	X			
11 th Floor – Throughout			X	Pine Insulation	400 LF	X			
11 th Floor – Throughout			X	Duct Insulation	200 SF	X			
12 th Floor – Throughout			X	Pine Insulation	400 LF	X			
12 th Floor – Throughout			X	Duct Insulation	200 SF	X			
13 th Floor – Throughout			X	Pine Insulation	400 LF	X			
13 th Floor – Throughout			X	Duct Insulation	200 SF	X			
14 th Floor – Throughout			X	Pine Insulation	400 LF	X			
14 th Floor – Throughout			X	Duct Insulation	200 SF	X			
15 th Floor – Throughout			X	Pine Insulation	300 SF	X			
15 th Floor – Throughout			X	Duct Insulation	200 SF	X			
16 th Floor – Throughout			X	Pine Insulation	300 LF	X			
16 th Floor – Throughout			X	Duct Insulation	200 SF	X			
17 th Floor – Throughout			X	Pine Insulation	300 LF	X			
17 th Floor – Throughout			X	Duct Insulation	200 SF	X			
17 th Floor – Throughout			X	VAT	1000 SF	X			
18 th Floor – Elevator Room			X	Pine Insulation	200 SF	X			
18 th Floor – Elevator Room			X	Duct Insulation	200 SF	X			
19 th Floor – Throughout			X	Pine Insulation	200 LF	X			
20 th Floor – Throughout			X	Pine Insulation	200 LF	X			

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

2013 MAR 20 PM 3:40
LICENSING

Date of Notification (1) March 14, 2013		Name of Building Owner/Operator (2) Ramirez Residence	
Agencies Notified EPA x DCA x DOL x DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1011 Chimes Terrace		City, State, Zip Code Vineland, NJ 08360	
Name of Contact Mr. Ramirez		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ramirez 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 1011 Chimes Terrace		Sq. Feet: Unknown # of Floors: Bldg. Age: years	
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) March 18, 2013		Scheduled Completion Date (11) March 19 2013	
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:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input 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) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	Amount (Specify SF or LF) 235 sf
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2
		Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date March 19, 2013	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591		9000 Minerva Road Waynesburg, OH	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date March 14, 2013

GAC # 2013- 380

973-492-0133
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) March 14, 2013		Name of Building Owner/Operator (2) Ramirez Residence		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DOL - 10 DAY MAR 14 2013 Tim Ramirez WAITING FOR RESPONSE... D </div>			
Agencies Notified EPA DCA x DOL x DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancelled				Street Address 1011 Chimes Terrace City, State, Zip Code Vineland, NJ 08360	
						Name of Contact Mr. Ramirez	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ramirez Residence			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.) Sq. Feet, Unknown # of Floors, Bldg. Age, years				
Street Address 1011 Chimes Terrace							
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	Current Use (prior if being demolished):				
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants Inc.			ASCM No. 00079				
Street Address 20-21 Wagraw Road, Bldg # 34A			Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.				
City, State, Zip Code Fairlawn, NJ 07410			Street Address 268 MAIN STREET				
Project Manager for Monitoring Firm Fred Larson			City, State, Zip Code Butler, NJ 07406				
Telephone Number 973-838-9146			Telephone Number 973-492-0477		License Number 00840		
Scheduled Start Date (10) March 18, 2013			Scheduled Completion Date (11) March 19 2013				
Name of OSHA Monitor EMSL Inc.							
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			Street Address 1056 Stetson Road City, State, Zip Code Piscataway, NJ 08854				
Source of Work (Check all that apply)							
<input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 280		<input 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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encase Enclose			
Basement		VAT & Mastic	235 sf	<input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJ DEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #			Disposal Date March 19, 2013				
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			City, State Route 2 Box 88 Bridgport, WVA 304-842-2784				
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591			9000 Minerva Road Waynesburg, OH				
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature Marin Graure		Date March 14, 2013		

GAC # 2013- 380