

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

No Check

Date of Notification (1) 03-18-2014		Name of Building Owner / Operator (2) CPR Services		MAR 20 2014
Agencies Notified	Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	3C Marlen Drive		
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended (1st) Bldg Owner	City, State & Zip Code		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Robbinsville, NJ 08691		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number	
<input type="checkbox"/> DCA		Gabe Ferrara, VA		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayside Condominiums			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
27-31 Annapolis Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Atlantic City, NJ			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
Atlantic			Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) American Environmental Specialist			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address			Street Address		
118 Westbury Court			2115 Hamilton Ave, Suite 202		
City, State & Zip Code			City, State & Zip Code		
Marlton, NJ 08053			Trenton, NJ 08619		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Mr. Murry		856-985-2885	609-977-6159		01185
Scheduled Start Date (10) 03-24-2014		Scheduled Completion Date (11) 04-08-2014		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			2333 Route 22 West		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours 4:30pm-1:00am			City, State & Zip Code		
Describe:			Union, NJ 07083		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 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
Unit # 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit # 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit # 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit # 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit # 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit # 6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature		Date 03/18/2014

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

No Check

Date of Notification (1) 03-18-2014		Name of Building Owner / Operator (2) CPR Services	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial-Page 2 of 2 <input checked="" type="checkbox"/> Amended (1st) Bldg Owner <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 3C Marlen Drive
			City, State & Zip Code Robbinsville, NJ 08691
			Name of Contact Mr. Henry Keys
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayside Condominiums			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 27-31 Annapolis Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Atlantic City, NJ	County (6) Atlantic	County Code (7)	Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) American Environmental Specialist		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 118 Westbury Court		Street Address 2115 Hamilton Ave, Suite 202			
City, State & Zip Code Marlton, NJ 08053		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Murry		Telephone Number 856-985-2885	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 03-24-2014		Scheduled Completion Date (11) 04-08-2014		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During of Normal Hours 7am-3:30pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

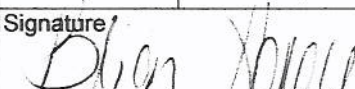
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Unit # 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit # 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encapsulate	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

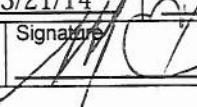
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature		Date 03/18/2014

Check # 1621

Date of Notification (1) 03-18-2014		Name of Building Owner / Operator (2) Union County College		MAR 20 2014					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial-Page 1 of 1 <input checked="" type="checkbox"/> Amended (1st) Start Date <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1033 Springfield Avenue City, State & Zip Code Cranford, NJ Name of Contact Mr. Henry Keys Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County College			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 1033 Springfield Avenue			Square Feet 295,000	# of Floors 4	Bldg. Age 50				
City (5) Cranford, NJ	County (6) Union	County Code (7)	Current Use (Prior if being demolished) College						
Name of Monitoring Firm Hired by Building Owner (8) The Saban Engineering Group, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 1001 Avenue of the Americas, 12th Floor		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code New York, NY 10018		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Stephen Pharai		Telephone Number 212-913-9640	Telephone Number 609-977-6159	License Number 01185					
Scheduled Start Date (10) 03-19-2014		Scheduled Completion Date (11) 03-26-2014		Name of OSHA Monitor J&S Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During of Normal Hours 4pm-1am Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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	Encapsulat	Enclosure
College building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Brian Haney Mr. Brian J. Haney		Title President President	Signature 			Date 3-18-2014			

CK# 25436

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

Date of Notification (1) <u>3/18/14</u>		Name of Building Owner/Operator (2) <u>Mozak Construction</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>PO Box 479</u>	
		City, State, Zip Code <u>Willingboro, NJ</u>	
		Name of Contact <u>Humaira Zaki</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</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 & commercial buildings, homes, etc.)	
Street Address <u>3056 English Creek Rd.</u>		Square Feet <u>6000</u>	# of Floors <u>2</u>
City (5) <u>Egg Harbor Twp., NJ</u>		Bldg. Age <u>80</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>commercial building</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/19/14</u>	Scheduled Completion Date (11) <u>3/20/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</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 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)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
			<u>(Wrap & Cut)</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/21/14</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/18/14</u>

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

CR# 22727

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) Mark Spier	
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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124 Royce Drive	
		City, State, Zip Code Brick, New Jersey	
		Name of Contact Mike	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spier 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 124 Royce Drive		Square Feet 1800	# of Floors 1
City (5) Brick, NJ		Bldg. Age 65	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc	
Street Address		Street Address 95 Montrose Rd.	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 3/27/14	Scheduled Completion Date (11) 3/31/14	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input 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) TO BE ABATED In Facility (13) outdoor	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) sidig / vinyl
	Yes	No	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4
City, State Colts Neck, New Jersey		Name of Registered Landfill G.R.O.W.S	
		Disposal Date 3/31/14	City, State Tullytown, PA
Completed by George Wuest	Title President	Signature Greeny	Date 3/18/14

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

Check # 2270

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) Cierniecki Residence							
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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 41A E. Harborside Dr.		City, State, Zip Code Ortley Beach, New Jersey							
Name of Contact Mike		Name of Facility Where Abatement is Taking Place (3) Cierniecki 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 41A E. Harborside Drive							
City (5) Ortley Beach		Square Feet 1200							
County (6) Deer		# of Floors 1							
County Code (7) (STATE USE ONLY)		Bldg. Age 67							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residence							
ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757							
Telephone No.		License No. 00029							
Start Date (10) 3/24/14		Scheduled Completion Date (11) 3/27/14							
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: 1AM - 7PM		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code							
<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) Outdoor	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) 1200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<input checked="" type="checkbox"/>	Siding (polyurethane vinyl)		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Colts Neck, New Jersey		Disposal Date 3/27/14		City, State Bethlehem, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 3/18/14			

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

CK# 2270

Sendy

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) Richard Dwyer	
Agencies Notified	Type Notification	Street Address 3391 Seaview Rd	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River (Ocean Beach III section) NJ	
		Name of Contact Mike	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Dwyer Residence		Type of Facility (4)	
Street Address 3391 Seaview Rd		<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) Toms River (Ocean Beach III section)	Square Feet 900	# of Floors 1	Bldg. Age 64
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 3/21/14		Scheduled Completion Date (11) 3/26/14	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) 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
outdoor			<input checked="" type="checkbox"/>	5. ding vinyl	900 lf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Colts Neck, New Jersey		Disposal Date 3/26/14		City, State Bethlehem, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree		Date 3/18/14

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

Check # 2270

Date of Notification (1) 3/17/14		Name of Building Owner/Operator (2) Loko Corp							
Agencies Notified	Type Notification	Street Address 710 River Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belmar, New Jersey							
		Name of Contact Mark							
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Vacant Building		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 710 River Ave		Square Feet 15000	# of Floors 3						
City (5) Belmar		Bldg. Age 100+							
County (6) monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Cold Ice Building							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 3/26/14	Scheduled Completion Date (11) 3/24/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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 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
(indoor) office			X	floor tile	250 lf	X			
ice room			X	cork board w/ tar	1000 lf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S.					
City, State Colts Neck, New Jersey			Disposal Date 3/24/14	City, State Bethlehem, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree	Date 3/17/14					

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

Emergency Check #2268

Sandy

Date of Notification (1) 3/14/14		Name of Building Owner/Operator (2) Fred Lengbein	
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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 Garfield Ave	
		City, State, Zip Code Aven, New Jersey	
		Name of Contact John	

MAR 20 2014

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Langbein Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 110 Garfield Ave		
City (5) Aven	Square Feet 1600	# of Floors 2
County (6) Morristown	County Code (7) (STATE USE ONLY)	Bldg. Age 60+
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residence
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.
City, State, Zip Code		Street Address 95 Montrose Road
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722
Telephone No.		Telephone No. 732-294-1757
Start Date (10) 3/19/14		License No. 00029
Scheduled Completion Date (11) 3/22/14		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 type="checkbox"/> Other - Describe:		Street Address
		City, State, Zip Code

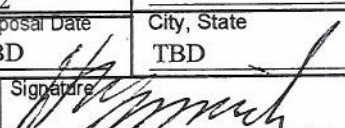
Scope of Work (Check All That Apply)		
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked=""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

Location of Asbestos-Containing Material (ACM) 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
indoor			X	pipewrap	145 LF	X			

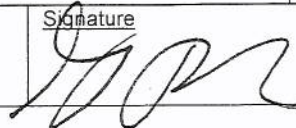
Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill I.E.S.I.
City, State Colts Neck, New Jersey		Disposal Date 3/22/14	City, State Bethlehem, PA
Completed by Bree McGuire	Title Secretary Treasurer	Signature <i>Breen</i>	Date 3/14/14

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

Check # 1421

Date of Notification (1) <u>3/16/14</u>		Name of Building Owner/Operator (2) <u>Jacqueline Jordan</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>18 Locust Ave.</u>	
		City, State, Zip Code <u>Berlin, NJ 08009</u>	
		Name of Contact <u>Lou Schneider</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</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 8 commercial buildings, homes, etc.)	
Street Address <u>18 Locust Ave.</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>
City (s) <u>Berlin, NJ 08009</u>		Bldg. Age <u>30 yrs</u>	
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>AEi2, LLC</u>	
Street Address		Street Address <u>300 Lenola Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>
Start Date (10) <u>3/19/14</u>	Scheduled Completion Date (11) <u>3/22/14</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
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 <u>300 Lenola Road</u>	
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
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 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 IN Facility (13)</u>	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	
Kitchen		X	Floor Tile
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>.2</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	Date <u>3/17/14</u>

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<p>No Check</p> <p>Date of Notification (1) 3/18/14</p>		<p>Name of Building Owner/Operator (2) Delaware River Port Authority</p>																	
<p>Agencies Notified</p> <p><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</p>	<p>Notification Type</p> <p><input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled</p>	<p>Street Address One Port Center 2 Riverside Dr., P.O.Box 1949</p> <p>City, State, Zip Code Camden NJ 08101</p> <p>Name of Contact _____ Tel. Number _____</p>																	
FACILITY INFORMATION																			
<p>Name of Facility Where Abatement is Taking Place (3) PATCO</p> <p>Street Address Block 69 Lots 13 and 14</p> <p>City (5) Collingswood County (6) Gloucester County Code (7) (State Use Only) _____</p>		<p>Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)</p> <p>Sq. Feet 5684 # of Floors 1-2</p> <p>Bldg. Age 50+ Current Use (prior if being demolished) _____</p>																	
<p>Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.</p>		<p>Name of Contractor (9) JPC Group, Inc.</p>																	
<p>Street Address 228 Blackwood-Barnsboro Rd</p> <p>City, State, Zip Code Blackwood, NJ 08012</p>		<p>Telephone Number 856-232-0400</p> <p>License Number 0115526</p>																	
<p>Project Manager for Monitoring Firm _____ Telephone Number _____</p> <p>Scheduled Start Date (10) _____ Scheduled Completion Date (11) _____</p>		<p>Name of OSHA Monitor _____</p>																	
<p>Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -</p> <p>Describe _____</p> <p>Other - Describe _____</p>		<p>Street Address _____</p> <p>City, State, Zip Code _____</p>																	
<p>Source of Work (Check all that apply)</p> <p><input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure</p>																			
<p>Location of Asbestos-Containing Material (ACM) in Facility (13)</p>	<p>Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA</p>	<p>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</p>	<p>Amount (Specify SF or LF) _____ Abatement Type</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Rem.</td> <td>Rep.</td> <td>Encap</td> <td>Enclose</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Rem.	Rep.	Encap	Enclose												
Rem.	Rep.	Encap	Enclose																
<p>Name of Reg. Waste Hauler _____ NJDEP Waste Hauler ID # _____</p>		<p>Cubic Yards of Waste _____ Name of Reg. Landfill _____</p>																	
<p>City, State _____</p>		<p>Disp. Date _____ City, State _____</p>																	
<p>Completed by (Print or Type) George Mangue</p>		<p>Title P.M. Signature  Date 03/18/14</p>																	

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

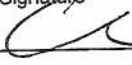
Telephone 609-984-6620

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9/18/00

Emergency

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

CK 3980

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) Robert Vollrath Private Home							
Agencies Notified	Type Notification	Street Address 1494 Paul Blvd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050 Name of Contact Robert Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Vollrath Private Home		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 1494 Paul Blvd.		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/19/14	Scheduled Completion Date (11) 3/21/14	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/21/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 3/18/14	

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

Check # 3979

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) Sharron & Robert Maddred Private Home	
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	
Name of Facility Where Abatement is Taking Place (3) Sharron & Robert Maddred Private Home		Street Address 1070 Coles Mill Rd.	
City (5) Williamstown NJ 08094		City, State, Zip Code Williamstown NJ 08094	
County (6) Gloucester		Name of Contact Sharron or Robert	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Telephone Number	
Street Address		FACILITY INFORMATION	
City, State, Zip Code		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.)	
Project Manager for Monitoring Firm		Square Feet 1000 +	
Start Date (10) 3/27/14		# of Floors 2	
Sched. Completion Date (11) 4/1/14		Bldg. Age 35	
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 Other - Describe:		Current Use (Prior if being demolished) Home	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Name of Abatement Contractor (9) Pernaco Inc.	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Street Address PO Box 329	
Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code West Berlin NJ 08091	
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		Telephone No. 856-753-9800	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior Siding		License No. 00727	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Name of OSHA Monitor same	
Amount (Specify SF or LF) 2000 SF		Street Address	
Abatement Type Removal Repair Encapsulate Enclosure		City, State, Zip Code	
Name of Registered Waste Hauler United Containers		Cubic Yards of Waste 3	
NJDEP Waste Hauler ID No. 22459		Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 4/1/14	
Completed by Anthony T Perna		City, State Morrisville PA 19067	
Title President		Date 3/18/14	
Signature			

* Do not use this form for asbestos licensure exempted activi

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

Date of Notification (1) 3-17-14		Name of Building Owner/Operator (2) Cynthia Garcia	
Agencies Notified	Type Notification	Street Address 92 North Fulton Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bloomfield, NJ, 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Cynthia Garcia	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

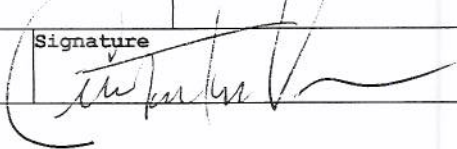
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1450	# of Floors 2	Bldg. Age 90
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 3-26-14 Month Day Year	Sched. Completion Date (11) 3-27-14 Month Day Year	Name of OSHA Monitor N/A		
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		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"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> 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			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 E	
Basement			X	Pipe insulation	95	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 3-28-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 4-17-14		

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

CK
6605

Date of Notification (1) 3/13/14 Type Notification		Name of Building Owner / Operator (2) Genon Rema LLC			
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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address PO Box 3795			
		City, State & Zip Code Houston, TX 77253			
		Name of Contact Neil MacIntosh			Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Gilbert Plant			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 315 Riegelsville Rd			Square Feet 50,000		
City (5) Milford		County (6) Hunterdon	County Code (7)	# of Floors 3	Bldg. Age 60
			Current Use (Prior if being demolished) Fuel Lines		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc			ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 3/27/14	Scheduled Completion Date (11) 3/28/14		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement <input checked="" type="checkbox"/> Other - Describe: Exterior			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-Friable					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Exterior equipment		N/A	Tar paper on pipe	20 LF	Removal
Name of Registered Waste Hauler Global Abatement Services, LLC		NJDEP Waste Hauler ID # S32401	Cu. Yds. of Waste 3	Name of Registered Landfill TRRF	
City, State Monroe Twp, NJ 08831			Disposal Date 3/28/14	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Pres.	Signature <i>Dominick Tringali</i>		Date 3/13/14

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

C/C 6604

Date of Notice 3/4/14 Type Notification		Name of Building Owner / Operator (2) Jack Anderson		
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	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 31 Woodlawn Drive		
		City, State & Zip Code Chatham, NJ 07928		
		Name of Contact Jack Anderson		
		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 K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
31 Woodlawn Drive		Square Feet 3,000	# of Floors 2	Bldg. Age 50
City (5) Chatham	County (6) Morris	County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address		Street Address 443 Schoolhouse Road		
City, State & Zip Code		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm		Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 3/5/14	Scheduled Completion Date (11) 3/6/14		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/>		Full Containment with Negative Pressure <input type="checkbox"/>		
Large Project <input type="checkbox"/>		Mini-Enclosure <input type="checkbox"/>		
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure		
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable <input type="checkbox"/>		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	50 LF	Removal
Name of Registered Waste Hauler Freehold Cartage				
NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 4	Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 3/6/14	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 3/4/14

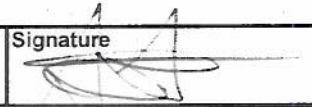
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 3251

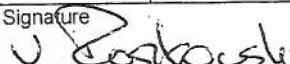
Date of Notification (1) 03/19/2014		Name of Building Owner/Operator (2) Dodge City, Inc.							
Agencies Notified	Type Notification	Street Address 4395 Route 130 South							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Burlington, NJ 08016							
		Name of Contact Javier Hoz De Vila	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hyundai Dealership		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 4395 Route 130		Square Feet 16,000	# of Floors 1						
City (5) Burlington		Bldg. Age 50+							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail car sales							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 510 Heron Drive		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Swedesboro, NJ 08085		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 856-467-2276	License No. 01161						
Start Date (10) 03/31/2014	Scheduled Completion Date (11) 04/04/2014	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work outside in segregated area</u>		Street Address 200 Route 130 N							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ext Soffit Face			x	Transite under styrofoam	900 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 3/19/2014			

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

check 4 1910

Date of Notification (1) 03 / 19 / 14		Name of Building Owner / Operator (2) MHFI	
Agencies Notified <input 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 148 Princeton-Hightstown Road		City, State, Zip Code East Windsor, NJ 08520	
Name of Contact Francisco Linton		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mc Graw Hill		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 148 Princeton-Hightstown Road		Building Age 40+	
City (5) East Windsor	County (6) Mercer	County Code (7)	Square Feet 140,000
			# Of Floors 2
		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Ambient Group		ASCM NO. LVI Demolition Services Inc.	
Street Address 470 7th Ave		Street Address 32 Williams Parkway	
City, State, Zip Code New York, NY 10018		City, State, Zip Code East Hanover, NJ 07036	
Project Mngr. For Monitoring Firm William Loch		Telephone Number 212-944-4615	
Scheduled Start Date (10) 03 / 31 / 13	Sched. Completion Date (11) 04 / 03 / 14	Telephone Number 973-884-8682	License Number 00860
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: M-F 7:00 am - 3:30 pm		Name of OSHA Monitor LVI Demolition Services Inc.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing 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)
MER #3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pipe and Fitting	60 LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature 
			Date 03/19/14

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

Date of Notification (1) 03/17/2014		Name of Building Owner/Operator (2) CARDOLITE CORPORATION							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 DOREMUS AVE							
		City, State, Zip Code NEWARK, NJ 07105							
		Name of Contact RAMSIS BARSOUM							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CARDOLITE CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 500 DOREMUS AVENUE		Square Feet	# of Floors						
City (5) NEWARK		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) SKY ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) VMC COMPANY INC.						
Street Address 140 BOULEVARD		Street Address 208 PIAGET AVE							
City, State, Zip Code MOUNTAIN LAKES, NJ 07046		City, State, Zip Code CLIFTON NJ 07011							
Project Manager for Monitoring Firm LEONID SKERESHEVSKY		Telephone No. 973-588-4821	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 03/26/2014	Scheduled Completion Date (11) 04/02/2014	Name of OSHA Monitor VMC Co. 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 <input checked="" type="checkbox"/> Other - Describe: <u>work performed outside of the occupied area.</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
CARDOLITE PROPERTY		X		PIPE	400LF	X			
-OPEN SPACE									
Name of Registered Waste Hauler CIRCLE RUBBISH REMOVAL		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY					
City, State LINDEN, NJ		Disposal Date		City, State TULLYTOWN, NJ					
Completed by Voytek Roszkowski		Title PRESIDENT		Signature 			Date 03/17/2014		

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

B & G proj. #: 2014-41

Check # 6436

Date of Notification (1) <u>03/17/14</u>		Name of Building Owner/Operator (2) <u>Union County Vocational Technical Schools</u>	
Agencies Notified	Type Notification	Street Address <u>1776 Raritan Road</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	MAR 20 2014	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		City, State, Zip Code <u>Scotch Plains, NJ 07076</u>	
		Name of Contact <u>Sue Anne Marcello</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>West Hall's Cosmetology Renovation Area</u>			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 <u>1776 Raritan Road</u>			Square Feet	# of Floors
City (5) <u>Scotch Plains, NJ 07076</u>	County (6) <u>Union</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>T&M Associates</u>			Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address <u>11 Tindall Road</u>			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code <u>Middletown, NJ 07748</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm <u>Kevin Burns</u>		Phone Number <u>732-676-4000</u>	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>
Scheduled Start Date (10) <u>03/31/2014</u>		Sched. Completion Date (11) <u>04/14/2014</u>		
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: <u>work shift 8:00am - 4:30pm</u>				

Scope of Work (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> 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	Encap	Encl
	Yes	No	N/A						
Room 302, 303, 304			X	pipe fittings w/associated glass pipe insulation	8, 8 & 2 locations	X			
hallway btwn rms 303 & 304			X	pipe fittings w/associated glass pipe insulation	6 locations	X			
Entrance lobby & rm 303 Laundry room			X	pipe fittings w/associated glass pipe insulation	6 & 3 locations	X			
pipe chase spaces servicing rest rms, laundry rooms, & sink basins			X	pipe fittings w/associated glass pipe insulation	estimated 25 locations	X			

Registered Waste Hauler <u>E & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>03/31/14-04/15/14</u>		City, State <u>Tullytown, PA</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>03/17/2014</u>

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

B & G proj. #: 2014-41

Check # 6437

Date of Notification (1)
03/11/17/14

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Union County Vocational Technical Schools

Street Address
1776 Raritan Road

City, State, Zip Code
Scotch Plains, NJ 07076

Name of Contact
Sue Anne Marcello

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
West Hall's Cosmetology Renovation Area ***** (NON SUB 8) *****

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

Street Address
1776 Raritan Road

City (5)
Scotch Plains, NJ 07076

County (6)
Union

County Code (7)
(State use only)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
school non sub 8

Name of Monitoring Firm Hired by Bldg. Owner (8)
T&M Associates

ASCM No.
0145

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address
11 Tindall Road

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Project Manager for Monitoring Firm
Kevin Burns

Phone Number
732-676-4000

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

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: work shift 8:00am - 4:30pm

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf

☐ Full Containment w/negative pressure

☐ Glovebag procedure

☐ Mini-enclosure

☒ 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						
SEE ATTACHED SHEET									

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
15

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/31/14-04/15/14

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer


Signature

Gordana Luna

Date
03/17/2014

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

Check # 8715

Date of Notification (1) 3 / 17 / 14		Name of Building Owner/Operator (2) Tri State Commerical, Inc.		MAR 20 2014					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 103 Godwin Ave., Suite 193							
		City, State, Zip Code Midland Park, NJ 07432							
		Name of Contact John Montagna		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 215 Bergen Blvd.			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 215 Bergen Blvd.									
City (5) Fairview, NJ 07022			Square Feet 20,000	# of Floors 2	Bldg. Age 45+				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail						
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) 4 / 1 / 14	Scheduled Completion Date (11) 4 / 22 / 14		Name of OSHA Monitor AET						
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: 7AM-3:30PM-AM			Street Address 28 N. Pennel Road						
			City, State, Zip Code Media, PA 19063						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2x4 Ceiling Tile	17,280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	17,280 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"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 120	Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 			Date 3/17/14				

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

Page 1 of 2

Date of Notification (1) 3 / 17 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1403-4737 Check #5986							
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sayre Hall		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 300 Forrestal Road, Princeton University Forrestal Campus									
City (5) Princeton	Square Feet	# of Floors	Bldg. Age						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 3 / 31 / 14	Scheduled Completion Date (11) 4 / 26 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/3:30PM-12:00AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe and fitting insulation	1,150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	1,280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and fitting insulation	1,020 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
see attached page 2	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 150	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 4/26/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>			Date 3/17/14		

Princeton Sayre Hall – Notification

PAGE 2 OF 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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	Encapsulat ion	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof rafter insulation	8,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Asbestos Board	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAR 20 2014