

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

Check # 1911

Date of Notification (1) 12 / 18 / 13		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 80 PARK PLAZA		City, State, Zip Code NEWARK, NJ 07101	
Name of Contact DAWN NEVILLE			

2014 MAR 21
ASBESTOS
REMOVED

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SUSQUEHANNA - ROSELAND PROJECT			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 SEE ATTACHED					
City (5)	County (6)	County Code (7)	Square Feet N/A	# Of Floors N/A	Building Age N/A
			Current Use (Prior if being demolished) N/A		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONMENTAL		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.		
Street Address 2 EAST BLACKWELL ST		Street Address			
City, State, Zip Code DOVER, NJ		32 Williams Parkway			
Project Mngr. For Monitoring Firm BOB SHERIFF		Telephone Number 973-366-4660	City, State, Zip Code East Hanover, NJ 07936		
Scheduled Start Date (10) 01 / 06 / 14	Sched. Completion Date (11) 06 / 30 / 14	Telephone Number 973-772-3660	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: 7:00AM - 5:00PM			Name of OSHA Monitor LVI Demolition Services Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)
☐ Demolition ☒ Renovation ☐ Full Containment with Negative Pressure
☐ ≥3sf or ≥3lf ☐ Mini - Enclosure
☒ ≥160 sf or ≥260 lf ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TAR/MASTIC	1160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler OWNER	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill OWNER
City, State	Disposal Date	City, State	

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature 	Date 03/20/14
---	--------------------------	---------------	------------------

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

RECEIVED
2014 MAR 21 PM 7:37
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/20/14		Name of Building Owner/Operator (2) State of New Jersey, Department of Transportation							
Agencies Notified	Type Notification	Street Address 1035 Parkway Avenue, CN 600							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 Trenton, NJ 08625							
		Name of Contact Mr. James Britton							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Route 206 Bypass - Section 15, Parcel R11		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 22 - 28 Hamilton Road		Square Feet 6,000	# of Floors 2						
City (5) Hillsborough		Bldg. Age ~50							
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied						
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 484-872-8884						
Start Date (10) 4/7/14		Scheduled Completion Date (11) 4/11/14	License No. 01161						
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: 7:00 am - 3:30 pm		Name of OSHA Monitor EMSL							
		Street Address 200 Route 130 North							
		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
Residence - Main House			x	Floor Tile	748	x			
Behind Building 4			x	Floor Tile	1,500	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 4	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 3/20/14	

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

RECEIVED
2014 MAR 21 PM 7:37
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 3/20/14		Name of Building Owner/Operator (2) Colgate Palmolive							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 909 River Road		City, State, Zip Code Piscataway, NJ 08854							
Name of Contact David Borch		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colgate Palmolive		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 909 River Road		Square Feet 800,000	# of Floors 2						
City (5) Piscataway		Bldg. Age 50 years							
County (6) Middlesex		Current Use (Prior if being demolished) Administration and research							
County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) ecoservices, LLC							
Name of Monitoring Firm Hired by Building Owner (8) EMI		Street Address 407 West Lincoln Highway, Suite 500							
Street Address 34 E. Germantown Pike		City, State, Zip Code Exton, PA 19341							
City, State, Zip Code E. Norriton, PA 19401		Telephone No. 484-872-8884	License No. 01161						
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 856-229-5369							
Start Date (10) 3/31/14		Scheduled Completion Date (11) 4/4/14							
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: Area only used by custodial staff		Name of OSHA Monitor EMSL							
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
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
2 Manholes on Campus Driveway	X			Transite storm drain	6	X			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. NJD080631369		Cubic Yards of Waste 2	Name of Registered Landfill CWM Chemical Services				
City, State Flanders, NJ		Disposal Date TBD		City, State Model City, NY					
Completed by Jack Bally		Title Sr. Project Manager		Signature Jack Bally			Date 3/20/14		

Do not use this form for asbestos licensure exempted activities.

Paragon Job#

Date of Notification (1)

10/31/18

Agencies Notified

- ☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

- ☒ Initial
☐ Amendment
 Amendment # _____
☐ Emergency (include justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Church of Sacred Heart

Street Address

171 Clifton Ave.

City, State, Zip Code

Newark, NJ 07104

Name of Contact

Chris Tomlan

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Main School North Side of the Building

Street Address

1060-1066 South Orange Avenue

City (5)

Newark

County (6)

Essex

County Code (7)
(State use only)

ASCM No.

00110

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

Whitman Companies

Street Address

7 Pleasant Hill Rd.

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm

Kevin Lovely

Phone Number

732-390-5858

Scheduled Start Date (10)

04/01/2014

Sched. Completion Date (11)

05/15/2014

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
☒ Abatement performed outside of normal facility hours-
 Describe: After 5:00 PM
☒ Other-Describe: Occupied, area under containment

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-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)

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	L
e	i	p	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

1st & 2nd Floors

1st & 2nd Floors

Basement, 1st & 2nd Floors

Basement, 1st & 2nd Floors

Pipe Elbows

VAT & Mastic

Ceiling Tiles

Sink Backing

310 EA

19,000 SF

23,000 SF

150 SF

Registered Waste Hauler
Paragon Contracting, Inc.NJDEP Hauler ID#
22161Cubic Yards of Waste
120 cydsName of Registered Landfill
Tullytown/GROWS

City, State

Clifton, NJ 07014

Disposal Date
TBD

Signature


Date

03/18/2014

Completed by (Print or Type)
Goran LazevskiTitle
President

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

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) Residential	
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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 29 Imbrook Drive		City, State, Zip Code Matawan, NJ 07747	
Name of Contact Charles Donohue			

FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 Imbrook Drive		Square Feet 2400	# of Floors 2				
City (5) Matawan, NJ		Bldg. Age 55					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322					
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. (609) 298-4070	License No. 00493				
Start Date (10) 3/28/14	Scheduled Completion Date (11) 4/1/14	Name of OSHA Monitor MECS					
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: 8am- 4:pm		Street Address PO Box 341					
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) 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			
				Removal	Repair	Encapsulate	Enclosure
1st Floor Living room	X	VAT	312 sf	X			
2nd Floor Bedrooms		VAT	590 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 CU	Name of Registered Landfill T.R.R.F., Inc.			
City, State Allentown, NJ		Disposal Date 4/1/14	City, State Tullytown, PA		Date 3/18/14		
Completed By Mahlon E. Stevens		Title Project Manager		Signature 			

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

MAR 21 2014

Date of Notification (1) 03/13/2014		Name of Building Owner/Operator (2) BIOMET Inc.					
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 20-01 Pollit Drive				
			City, State, Zip Code Fair Lawn, NJ				
		Name of Contact Ed Primavera (Owner's Rep.)					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BIOMET Inc.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial building homes, etc.)					
Street Address 20-01 Pollit Drive		Square Feet 40,000	# of Floors 1				
City (5) Fair Lawn, NJ		Bldg. 40					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space					
Name of Monitoring Firm Hired by Building Owner (8) Bio-Terra Environmental Solutions LLC.		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC				
Street Address P.O. Box 1224		Street Address 145 Mill Street					
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Paterson, NJ 07501					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 01108				
Start Date (10) 03/28/2014	Scheduled Completion Date (11) 03/31/2014	Name of OSHA Monitor Valiant Associates, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street					
		City, State, Zip Code Paterson, NJ 07501					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag 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)	Abater Typ	
	Yes	No	N/A			Removal	Repair
Manufacturing Area			X	Elbow Insulation (wrap & cut)	6LF	X	
Mechanics Shop			X	Elbow Insulation (wrap & cut)	7 LF	X	
Mechanics Shop			X	Duct insulation (wrap & cut)	75 SF	X	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 03/31/2014	City, State Waynesburgh, OH				
Completed By Miodrag Stamenovic		Title Project Manager	Signature <i>Miodrag Stamenovic</i>			Date 03/13/2014	

ASB41

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

Emergency
Check #8878

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

APPROVED
NJ Dept of Health & Senior Services
Paul C. Homer
3/18/14 (signature) 8:28AM

Date of Notification (1) 3-18-14		Name of Building Owner/Operator (2) Rudy Manger	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	1221 Beach Blvd.	Forked River NJ 08731
		Name of Contact Mike Manger	Telephone Number 1

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4)	
Street Address 1221 Beach Blvd		<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.)	
City (5) Forked River NJ 08731	Square Feet	# of Floors 1	Bldg. Age 60+-
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 3-21-14	Scheduled Completion Date (11) 4-5-14	Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code New Egypt NJ 08533	

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-Frangible 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
exterior walls			X	siding shingles	< 800 SF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 4-5-14	City, State Morrisville PA		
Completed by Steve Schenker	Title President	Signature <i>Steve Schenker</i>	Date 3-18-14		

Check # 8858

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

the Finishing Date:
moving we are
Due to Weather
But One-day Job

No Check

Date of Notification (1) 3-17-14		Name of Building Owner/Operator (2) Louis LaRosa	
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		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 996 Magnolia Drive		City, State, Zip Code Basking Ridge NJ 07920	
Name of Contact Louis LaRosa		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 996 magnolia Drive		Square Feet	# of Floors 2
City (5) Basking Ridge NJ 07920		Bldg. Age 55+ -	
County (6) MORRIS		Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Start Date (10) 2-17-14		Telephone No. 609 758-3365	
Scheduled Completion Date (11) 3-21-14		License No. 00394	
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 EPC Technologies Inc	
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		Street Address P.O. Box 337	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code New Egypt NJ 08533	
<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)	
Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Exterior Walls		Siding Shingles	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 8	
Disposal Date 3-21-14		Name of Registered Landfill Waste Management of PA	
City, State Morrisville PA		Signature Steve Schenker	
Completed by Steve Schenker		Title President	
Date 3-17-14			

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

One Day Job, but Due to the Weather We are leaving a 30 day window opening

Check # 8858

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

No Check

Date of Notification (1) 2-6-14		Name of Building Owner/Operator (2) Louis Larosa	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 996 Magnolia Drive		City, State, Zip Code Basking Ridge NJ 07920	
Name of Contact Louis Larosa		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 996 Magnolia Drive		Square Feet	# of Floors 2
City (5) Basking Ridge NJ 07920		Bldg. Age 55+	
County (6) Monroe		Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 2-17-14		Scheduled Completion Date (11) 3-17-14	
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 EPC Technologies Inc	
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		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533			
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)
EXTERIOR walls		x	Siding Shingles
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8
City, State New Egypt NJ		Disposal Date Open	Name of Registered Landfill Waste Management of PA
Completed by Steve Schenker		Title President	Signature Steve Schenker
			Date 2-6-14

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

CHECK #
3227

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

Date of Notification (1) 3/18/14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 155 ROUTE 50		City, State, Zip Code GREENFIELD, N.J. 08230					
Name of Contact BRUCE BREUNING		Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 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 307 19TH ST.		Square Feet 1000	# of Floors 2				
City (5) OCEAN CITY		Bldg. Age 40+					
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLGCMCO INC.					
Street Address [REDACTED]		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code [REDACTED]		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 856-779-0422	License No. 00944				
Start Date (10) 3/31/14		Name of OSHA Monitor JOSEPH KLEMM					
Scheduled Completion Date (11) 4/7/14		Street Address 369 S. SPRUCE AVE.					
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: _____		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Scope of Work (Check all that apply) <input type="checkbox"/> < 3 sf or < 23-in <input type="checkbox"/> ≥ 160 sf or ≥ 260 in							
<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 type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount: (Specify SF or LF) 2000	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.			
City, State MAPLE SHADE, N.J. 08052		Disposal Date [REDACTED]		City, State WOODBINE, N.J.		Date 3/18/14	
Completed By JOSEPH KLEMM		Title OWNER		Signature Joseph Klemm		Date 3/18/14	

CHECK #
3227

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

MAR 21 2014

Date of Notification (1) <u>3/18/14</u>		Name of Building Owner/Operator (2) <u>JOHATHON HAND EXCAVATING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 <u>P.O. BOX 198</u>		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>	
Name of Contact <u>NAME</u>		Telephone Number _____	
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 & commercial buildings, homes, etc.)	
Street Address <u>112 23RD ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>NEWALON</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Start Date (10) <u>3/31/14</u>		Telephone No. <u>856-779-0422</u>	
Scheduled Completion Date (11) <u>4/7/14</u>		License No. <u>00444</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: _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		Street Address <u>369 S. SPRUCE AVE.</u>	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
<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-Frable Procedure		Abatement Type Removal <input checked="" type="checkbox"/> Repair _____ Encapsulation _____	
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>HOUSE + GONABLE SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>25000</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NUDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date _____	City, State <u>WOODBINE, N.J.</u>	Signature <u>Joseph Klemm</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Date <u>3/18/14</u>	

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

Check # 8606

Date of Notification (1) March 18, 2014		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification Emergency	Street Address 522 Main 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"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Bradley Beach, NJ 07720	
		Name of Contact Jim Kalafsky	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 522 Main Street		Square Feet 6,500	# of Floors 3 + Basement
City (5) Bradley Beach		Bldg. Age 45	
County (6) Monmouth		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address One Mall Drive, Suite 404		Street Address 829 Radio Road	
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) March 20, 2014	Scheduled Completion Date (11) April 17, 2014	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)


- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Basement			X	Pipe Insulation	300 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 15	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date April 18, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date March 18, 2014

*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)

Date of Notification (1) March 18, 2014		Name of Building Owner/Operator (2) Cherry Hill Board of Education Check # 7227							
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Ranoldo Terrace City, State, Zip Code Cherry Hill, NJ 08034							
		Name of Contact Marco Fernandez		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cherry Hill High School West		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 2101 Chapel Avenue		Square Feet 10,000	# of Floors 2						
City (5) Cherry Hill		Bldg. Age 100							
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street		Street Address 623 Cutler Ave.							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00842						
Start Date (10) April 11, 2014	Scheduled Completion Date (11) April 19, 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 checked="" 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
Boiler Room		XXX		Boiler Breeching	470 SF	X			
Boiler Room		XXX		Pipe Fittings	80 LF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060		Disposal Date 4/19/14		City, State Tullytown, PA.					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date 3/19/2014		

Check # 3092

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

Date of Notification (1) 3-18-14		Name of Building Owner/Operator (2) Rutgers University/Willson Hall	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 201 Mullica Hill Rd.	
		City, State, Zip Code Glassboro NJ 08028	
		Name of Contact JACK GLASS	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Willson Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 201 Mullica Hill		Square Feet	\$ of Floors
City (5) Glassboro NJ		Bldg. Age	
County (6) Camden Gloucester	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) ARI JCE LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08025	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609 346 0916	License No. 01070
Start Date (10) 3-28-14	Scheduled Completion Date (11) 4-3-14	Name of OSHA Monitor Self	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving 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
Basement			<input checked="" type="checkbox"/>	Basement Wet Wrap (CUT)	40 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ARI JCE LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State Delanco NJ		Disposal Date	City, State
Completed By J Hall	Title VP	Signature JH	Date 3-17-14

* 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)

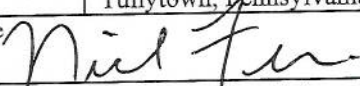
ch# 23847

Date of Notification (1) 3/18/2014		Name of Building Owner/Operator (2) Messercola Enterprises	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 790	
	City, State, Zip Code Matawan, NJ 07747		
	Name of Contact Fernando	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 88 Albert Drive					
Beach Haven West	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 46
			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) 03/19/2014	Scheduled Completion Date (11) 03/20/2014		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

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	650sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 03/21/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/18/2014

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