

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

Date of Notification (1) <div style="text-align: right;">3/21/2014</div>		Name of Building Owner/Operator (2) V W V Construction Inc 23885	
Agencies Notified	Type of Notification	Street Address 25 Sheffield Road MAR 27 2014	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Wayne, NJ 07470	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Sonny	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)
Street Address 1927 W. Railway			<input type="checkbox"/> School (k-12)
			<input type="checkbox"/> Subchapter 8 (other than k-12)
City Ortley			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1
		Bldg. Age 60	
Current Use (Prior if being demolished) Residence			
Name of Monitoring Firm Hired by Building Owner (8) N/A		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 732-349-9932	License Number 00624
Scheduled Start Date (10) 3/24/14		Name of OSHA Monitor E.M.S.L. Analytical	
Scheduled Completion Date (11) 3/26/14		Street Address 1056 Stelton Road	
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 Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Renovation		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1500 sf	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 3/27/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/21/2014

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

NOTIFICATION OF ASBESTOS ABATEMENT

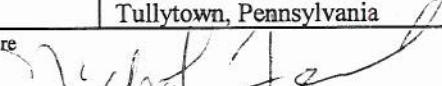
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 21, 2014		Name of Building Owner/Operator (2) Miller Homes	
Agencies Notified	Type of Notification	Street Address 112 Giffordtown Lane	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Tuckerton, NJ 08087	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Jim Miller	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number L	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 115 24th Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City South Seaside Park			Square feet 1000 sf		
			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/24/14		Scheduled Completion Date (11) 3/26/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 3/27/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/21/14

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

Date of Notification (1) <div style="text-align: center;">3/21/2014</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Sakoutis Brothers Disposal</div>	
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 <div style="text-align: center;">P O Box 84</div>	
		City, State, Zip Code <div style="text-align: center;">Colts Neck, NJ 07722</div>	
		Name of Contact <div style="text-align: center;">John Sakoutis</div>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			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 <div style="text-align: center;">1550 Meeting House Road</div>			<div style="display: flex; justify-content: space-between;"> <div>Square feet <div style="text-align: center;">2000 sf</div></div> <div># of Floors <div style="text-align: center;">1</div></div> <div>Bldg. Age <div style="text-align: center;">60</div></div> </div>		
City <div style="text-align: center;">Wall</div>	County (6) <div style="text-align: center;">Monmouth</div>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address		Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>			
City, State, Zip Code		City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">3/24/14</div>		Scheduled Completion Date (11) <div style="text-align: center;">3/26/14</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	2300 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">3/27/14</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 				Date <div style="text-align: center;">3/21/2014</div>	

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

2273

Date of Notification (1) 3-19-14		Name of Building Owner/Operator (2) GOODMAN						
Agencies Notified	Type Notification	Street Address 7 BRIARWOOD RD						
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RUMSON NJ						
		Name of Contact [Signature]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) GOODMAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 7 BRIARWOOD RD		Square Feet 2500	# of Floors 2					
City (5) RUMSON		Bldg. Age 60+						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		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	License No. 00029					
Start Date (10) 3-24-14	Scheduled Completion Date (11) 3-25-14	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 2ND FLOOR	Is Location Normally Used Solely for 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) 13'	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJCEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill IESE				
City, State Colts Neck, New Jersey		Disposal Date 3-25-14		City, State Bethlehem, Pa				
Completed by George Wuest		Title President		Signature [Signature]		Date 3-19-14		

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

Date of Notification (1) 03/21/14		Name of Building Owner/Operator (2) Brick Township Board of Education							
Agencies Notified	Type Notification	Street Address 101 Hendrickson Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick, New Jersey 08724							
		Name of Contact James Edwards	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brick Township High School		Type of Facility (4)							
Street Address 346 Chambers Bridge Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Brick, New Jersey 08724		Square Feet 50,000	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 55+						
Name of Monitoring Firm Hired by Building Owner (8) Brinkergoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Manasquan, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	License No. 01104						
Start Date (10) 11/18/13	Scheduled Completion Date (11) 04/15/14	Name of OSHA Monitor J&S Environmental Labs, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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: 2PM-11:30PM		City, State, Zip Code Union, New Jersey 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior/Exterior Masonary Openings		X		caulk, glazing frame caulk window	9,745 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 04/18/14		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 03/21/14			

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

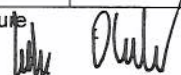
Date of Notification (1) 02/17/14		Name of Building Owner/Operator (2) Brick Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 1 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Hendrickson Avenue							
		City, State, Zip Code Brick, New Jersey 08724							
		Name of Contact James Edwards	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brick Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 346 Chambers Bridge Road		Square Feet 50,000	# of Floors 2						
City (5) Brick, New Jersey 08724		Bldg. Age 55+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Manasquan, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 11/18/13	Scheduled Completion Date (11) 03/31/14	Name of OSHA Monitor J&S Environmental Labs, LLC							
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: 2PM-11:30PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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-Frable 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
Interior/Exterior Masonry Openings		X		caulk, glazing frame caulk window	9,745 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 04/01/14		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 02/17/14					

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

Date of Notification (1) 11/05/13 CK#2897 \$200		Name of Building Owner/Operator (2) Brick Township Board of Education							
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 101 Hendrickson Avenue							
		City, State, Zip Code Brick, New Jersey 08724							
		Name of Contact James Edwards							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brick Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 346 Chambers Bridge Road		Square Feet 50,000	# of Floors 2						
City (5) Brick, New Jersey 08724		Bldg. Age 55+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Manasquan, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	License No. 01104						
Start Date (10) 11/18/13	Scheduled Completion Date (11) 02/28/14	Name of OSHA Monitor J&S Environmental Labs, LLC							
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: 2PM-11:30PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)			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
Interior/Exterior Masonry Openings		x		caulk, glazing frame caulk window	9,745 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 03/03/14		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 11/05/13			

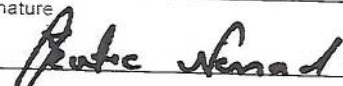
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHECK # 8238

Date of Notification (1) 03 / 20 / 14		Name of Building Owner/Operator (2) City of Newark, Engineering Department							
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 920 Broad Street, Rm 412							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Mr. Mehdi Mohammadish (Director)	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Ward Firehouse, Engine # 19		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 526 Frelinghuysen Avenue									
City (5) Newark		Square Feet 20,000 SF	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. 117	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 318 12th Street		Street Address 494 E. 41 Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm James J. Proctor		Telephone No. 609-704-8850	License No. 00507						
Start Date (10) 04 / 07 / 14	Scheduled Completion Date (11) 04 / 25 / 14	Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/ _____ PM-_____ AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Basement : Various Location/Rms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	475 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Fl Rms: Electrical, Bathroom,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	406 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell, Radio, Kitchen & Apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Rm - Window Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panelboard	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 20	Name of Registered Landfill GROWS, WM/PA					
City, State Paterson, NJ 07504		Disposal Date 04-25-2014		City, State Morrisville, PA 12506					
Completed By (Print or Type) Leslie Olszewski		Title Project Manager		Signature 		Date 03-20-14			

Check#1849

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

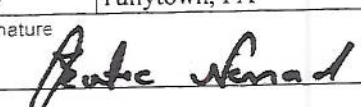
Date of Notification (1) 03 / 21 / 14		Name of Building Owner/Operator (2) Jim Danatos							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 302 Springfield Avenue City, State, Zip Code Hasbrouck Heights, NJ 07604 Name of Contact Jim Danatos Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 302 Springfield Avenue		Square Feet	# of Floors						
City (5) Hasbrouck Heights, NJ 07604		Bldg. Age							
County (6) Bergen	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) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 03 / 31 / 14	Scheduled Completion Date (11) 04 / 01 / 14		Name of OSHA Monitor Envirovision Consultants, 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 Facility Hours - Describe Time of Abatement: _____ AM- _____ PM / _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 			Date 03/21/2014		

ASB-41
MAY 11

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

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

MO#21382895665

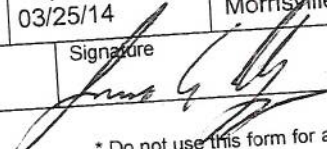
Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 03 / 21 / 14 </div>		Name of Building Owner/Operator (2) Phil Rabbat							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Harvard Avenue							
		City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Phil Rabbat							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 7 Harvard Avenue		Square Feet	# of Floors						
City (5) Maplewood, NJ 07040		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) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 03 / 30 / 14	Scheduled Completion Date (11) 03 / 31 / 14	Name of OSHA Monitor Envirovision Consultants, 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 Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NUDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA						
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 				Date 03/21/2014		

ASB-41

MAY 11

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

Check #
8239State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/20/2014		Name of Building Owner/Operator (2) County of Passaic							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Name of Facility Where Abatement is Taking Place (3) County of Passaic		Street Address 317 Pennsylvania Avenue							
Street Address 71 Hamilton Street		City, State, Zip Code Paterson, NJ 07503							
City (5) Paterson		Name of Contact Mr. Jack Nigro							
County (6) Passaic		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) County of Passaic		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 71 Hamilton Street		Square Feet 300,000	# of Floors 4						
City (5) Paterson		Bldg. Age 50 + yrs.							
County (6) Passaic		Current Use (Prior if being demolished) Court House							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address River Drive Center 1		Street Address 494 E. 41 Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Mr. Vijay Patel		Telephone No. 201-794-6900	License No. 00507						
Start Date (10) March 21, 2014		Name of OSHA Monitor The same as above							
Scheduled Completion Date (11) March 25, 2014		Street Address							
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: Unoccupied Work Area		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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2nd Fl. Office Area			X	Pipe Elbow/Joint Insulation	7 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 1	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504		Disposal Date 03/25/14		City, State Morrisville, PA				Date 03/20/2014	
Completed by James Unger		Title Project Manager		Signature 					

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

APPROVED: CINDY MITCHELL, NJ DOH

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

CR# 2586

Date of Notification (1) 3/20/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified	Type Notification	Street Address 1490 Prospect 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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08638							
		Name of Contact Mr. Everett O. Collins							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet # of Floors Bldg. Age							
City (5) Trenton	County (6) Mercer	County Code (7)							
		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Ryan Broadwater		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040							
License Number 00509									
Scheduled Start Date (10) 3/20/14	Scheduled Completion Date (11) 3/20/14	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 3:00 PM – 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf ≥260 lf <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	Encapsulate	Enclosure
B-36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM debris - clean up	4 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste <1 Cu yds.	Name of Registered Landfill Grows Landfill				
City, State Bristol, PA		Disposal Date 3/21/2014		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 3/20/14		

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

CK# 2279

Date of Notification (1) 3-21-14		Name of Building Owner/Operator (2) HAZLET SEWERAGE AUTHORITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 16 Brookside Avenue		City, State, Zip Code HAZLET NJ	
Name of Contact Joe		Telephone Number	

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) HAZLET SEWERAGE		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 16 Brookside Avenue		Square Feet 3000
City (5) HAZLET		# of Floors 1
County (6) MONMOUTH		Bldg. Age 65+
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PUMP HOUSE
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc
Street Address		Street Address 95 Montrose Rd.
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 294 1757
Start Date (10) 4-1-14		License No. 00029
Scheduled Completion Date (11) 4-15-14		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: 7 AM 2 PM		Street Address
		City, State, Zip Code

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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
OUTDOORS				ROOF	3000 #				
INTERIOR				FIRE FLE P	150 #				

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S	
City, State Colts Neck, New Jersey		Disposal Date 4-15-14	City, State Tullytown, PA		
Completed by George Wuest	Title President	Signature <i>George Wuest</i>	Date 3-21-14		

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

Waiting on Insurance Company
possible New Material

Amended
completion Date

CK 3988

Additional Material
Floor Tile

New

3/11/14

3/10/14

3/25/14

Working After 5PM + weekend

8th Floor

Glue Dots

Floor Tile

1900 SF

United Containers

Elm

Anthony T Perna

President

Signature

3/11/14

MAR 27 2014

7 E

Date of Notification (1)
3/11/14

Name of Building Owner/Operator (2)
Camden City Board Of Ed. Administration Building

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

Type Notification
☐ Initial
☐ Amended
☒ Amendment # *2*
☒ Emergency (including justification)
☐ Cancellation

Street Address
201 N. Front Street

City, State, Zip Code
Camden NJ 08102

Name of Contact
Steve Nicolella

Telephone Number
CK 3988

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden City Board Of Ed. Administration Building

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Street Address
201 N. Front Street

City (5)
Camden NJ 08102

Square Feet
1000+

of Floors
8

Bldg. Age
35+

County (6)
Camden

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)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
3/10/14

Scheduled Completion Date (11)
~~3/11/14~~ 3/25/14

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: as needed *Working After 5PM + weekend*

Street Address

City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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
8 Floor Through the 6th Floor	X			Glue Dots	Unknown	X			
<i>8th Floor</i>	X			<i>Floor Tile</i>	<i>1900 SF</i>	X			

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
TBD

Name of Registered Landfill
G.R.O.W.S.

City, State
Elm

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
3/11/14

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

OK
6603

Date of Notice 2/27/14 Type Notification		Name of Building Owner / Operator (2) Investors Bank		
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	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 101 JFK Parkway, P.O. Box 5008		
		City, State & Zip Code Short Hills, NJ 07078		
		Name of Contact Dan McKeon		Telephone Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Vacant Bank		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.)		
485 Hamilton Avenue		Square Feet 5,000	# of Floors 2	Bldg. Age 60
City (5) Trenton	County (6) Mercer	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	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 3/1/14	Scheduled Completion Date (11) 3/10/14		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> 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"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Other: Non-friable		
Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/>				
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	Plaster/fireproofing remnants	1,320 SF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 2/28/14		City, State Tullytown, PA
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 2/27/14

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

Date of Notification (1) 3/19/14		Name of Building Owner/Operator (2) TEF Environmental Construction							
Agencies Notified	Type Notification	Street Address 1123 Rt. 23 S. Unit 1							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Angela Nicofia							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Exxon Gas Station		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 1620 Oaktree Road		Square Feet	# of Floors						
City (5) Edison		Bldg. Age							
County (6)	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) J.R. Contracting & Environmental Consulting Inc.						
Street Address		Street Address 1141 Rt. 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	License No. 000408						
Start Date (10) 3/31/14	Scheduled Completion Date (11) 4/2/14	Name of OSHA Monitor Enviro Vision Consultants, 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 type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd, Bldg. 34 A							
		City, State, Zip Code Fairlawn, NJ 07410							
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
Black roof flashing-metal roof			x		142 SF	x			
Brown/white outside wall paneling			x		420 SF	x			
Black/white flashing			x		44 LF	x			
Black flashing along AC unit			x		10 LF	x			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S					
City, State Wayne, NJ 07470			Disposal Date	City, State Morrisville, PA					
Completed by Jadranko Bijelonic		Title Project Manager	Signature			Date 3/19/14			

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) March 19, 2014		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency (including justification)		Street Address 223 North Van Dien Avenue City, State, Zip Code Ridgewood, NJ 07450-2736 Name of Contact William Stasiak Telephone Number
3 FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
Street Address 970 Linwood Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 28 Washington Street		Street Address 268 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades	Telephone Number 347.435.3561	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) March 21, 2014	Scheduled Completion Date (11) March 28, 2014	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours – 7am-6pm Describe Other – Describe: Regular Hours		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 100 sf Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
1st Floor	<input checked="" type="checkbox"/>	Vat & Mastic	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561		Disposal Date March 28, 2014	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date March 19, 2014

GAC # 2014-435

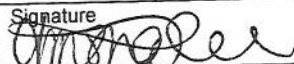
Emergency

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

CK 3989

Date of Notification (1) 3/20/14		Name of Building Owner/Operator (2) George Sous Private Home							
Agencies Notified	Type Notification	Street Address 1507 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 George	Telephone						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George Sous 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 1507 Paul Blvd		Square Feet 1000 +	# of Floors 2						
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) 3/21/14	Scheduled Completion Date (11) 3/24/14	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 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
Exterior Siding			x	Exterior Siding	1300 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 3/24/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature		Date 3/20/14			

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

Date of Notification (1) March 20, 2014		Name of Building Owner/Operator (2) Mark Belland		Check # 7231					
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 23 E. Wilson Avenue City, State, Zip Code Woodstown, NJ 08098 Name of Contact Mark Belland					
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 23 E. Wilson Avenue			Square Feet 5,000	# of Floors 2	Bldg. Age 100				
City (5) Woodstown			Current Use (Prior if being demolished) Residence						
County (6) Salem		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address P.O. Box 341		Street Address 623 Cutler Ave.							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. (856)755-0099	License No. 00842				
Start Date (10) March 31, 2014		Scheduled Completion Date (11) April 2, 2014		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 107 Haddon Ave					
				City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		XXX		Paper on Ductwork	178 SF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date 4/2/14	City, State Tullytown, PA.				
Completed by Christina Lynch		Title Operations Manager		Signature 			Date 3/20/2014		

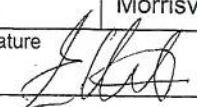
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2014 MAR 27 PM 4:28
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 03-21-14		Name of Building Owner/Operator (2) Mark Motika	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 44 John Dow Ave City, State, Zip Code Waldwick NJ Name of Contact Mark Motika Telephone Number _____
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) 44 John Dow Ave Street Address 44 John Dow Ave City (5) Wayne County (6) Bergen County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 03-21-14 Scheduled Completion Date (11) 03-23-14 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: _____ Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Name of Facility Where Abatement is Taking Place (3) 44 John Dow Ave Street Address 44 John Dow Ave City (5) Wayne County (6) Bergen County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 03-21-14 Scheduled Completion Date (11) 03-23-14 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: _____ Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		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.) Square Feet 3000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9) Indian Arrow Industries Inc Street Address 144 Mill St. City, State, Zip Code Paterson NJ 07501 Telephone No. 973-653-9652 License No. 1183 Name of OSHA Monitor Indian Arrow Industries Inc Street Address 144 Mill St. City, State, Zip Code Paterson NJ 07501	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement 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) TSI Amount (Specify SF or LF) 40 Lf Abatement Type Removal Repair Encapsulate Enclosure x Name of Registered Waste Hauler Atlantic Carting City, State Wayne NJ Title Secretary Signature [Signature] Date 03-21-14		Name of Registered Waste Hauler Atlantic Carting City, State Wayne NJ Title Secretary Signature [Signature] Date 03-21-14	

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

No check

Date of Notification (1) 03-21-14		Name of Building Owner/Operator (2) National Bakery Industrial/Hackman Capital							
Agencies Notified	Type Notification	Street Address 11111 Santa Monica Blvd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Los Angeles CA 90025							
		Name of Contact Michael Schroth	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wonderbread		Type of Facility (4)							
Street Address 75 Demarest 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) Wayne		Square Feet 44000	# of Floors 4						
County (6) Passaic		Bldg. Age 30-40							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries Inc						
Street Address		Street Address 144 Mill St.							
City, State, Zip Code		City, State, Zip Code Paterson NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 03-21-14		Scheduled Completion Date (11) 08-15-14	Name of OSHA Monitor Indian Arrow Industries Inc						
Occupancy Status During Abatement (Check Only One)		Street Address 144 Mill St							
<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 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 type="checkbox"/> Renovation <input checked="" 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
First Floor		x		ACM Insulation Burners	1253 Sf	x			
Second Floor		x		ACM Insulation Burners	1253 Sf	x			
Third Floor		x		ACM Insulation Burners	1253 Sf	x			
Each Floor		x		TSI	90 LF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Wayne NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Goran Igev		Title Secretary	Signature 			Date 03-21-14			

2014 APR 25 10:27 PM
OK #2587
LIBRARY OF CONGRESS
PHOTODUPLICATION SERVICE
955 LOC AVENUE
WASHINGTON, DC 20540
REF ID: A62716

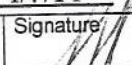
ASB-41
MAY 11

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

CK # 25443

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

RECEIVED
2011 MAR 27 PM 7:05

Date of Notification (1) <u>3/25/14</u>		Name of Building Owner/Operator (2) <u>Chambers Properties, LLC</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>20 Nassau Street Suite 129</u>	
		City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Jeremiah Obert</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Retail Space "C"</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>20 Nassau Street</u>		Square Feet <u>30,000</u>	# of Floors <u>3</u>
City (5) <u>Princeton</u>		Bldg. Age <u>80</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>offices/retail</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>4/3/14</u>	Scheduled Completion Date (11) <u>4/4/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 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)
	Yes	No	
<u>1st floor</u>		<input checked="" type="checkbox"/>	<u>Pipe Insulation</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>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/7/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/25/14</u>

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

No check

Date of Notification (1)
3 / 21 / 14

Name of Building Owner/Operator (2)
Trustees of Princeton / Job #1403-4737 Check #6103

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended Amendment #1
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sayre Hall

Street Address
300 Forrestal Road, Princeton University Forrestal Campus

City (5)
Princeton

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
29,000

of Floors
4

Bldg. Age
70+

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates

Street Address
3 Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael R. Keehn

Telephone No.
609-386-8800

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
4 / 02 / 14

Scheduled Completion Date (11)
5 / 31 / 14

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: ____ AM - ____ PM **3:30 PM - 12:00 AM**

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

Location of Asbestos-Containing Material (ACM) 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
1 st through 4 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st through 4 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Asbestos Panels	25 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
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
5

Disposal Date
5/31/14

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Tullytown, PA

City, State
Lumberton, NJ

Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature
Jennifer Piraine

Date
3/21/14

no check

NOTIFICATION
(Pursuant to NJAC 8:26 and 8:27)

/ Job #1403-4737 Check #5986

Date of Notification (1)
3 / 21 / 14

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended
Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Trustees of Princeton

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

FACILITY INFORMATION

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Name of Facility Where Abatement is Taking Place (3)
Sayre Hall

Street Address
300 Forrestral Road, Princeton University Forrestral Campus

City (5)
Princeton

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

County (6)
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates

ASCM No.
00098

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Project Manager for Monitoring Firm
Michael R. Keehn

Telephone No.
609-386-8800

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
3 / 31 / 14

Scheduled Completion Date (11)
4 / 26 / 14

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-3:30PM/3:30PM-12:00AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/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
1 st 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"/>
2 nd 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"/>
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"/>

see attached page 2

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
150
Disposal Date
4/26/14

Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Tullytown, PA

City, State
Lumberton, NJ
Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature
Jennifer Piraine

Date
3/21/14

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:61)

Job #1403-4740 Check #6108

RECEIVED
MAR 27 PM 6:54

Date of Notification (1) 03 / 21 / 14		Name of Building Owner/Operator (2) Inspira Medical Center			
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)		Street Address 509 North Broad Street City, State, Zip Code Woodbury, NJ 08096 Telephone Number 856-813-2081			
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Ken Zanghi			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Inspira Medical Center - Downs 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 and commercial buildings, homes, etc.)			
Street Address 40 Oak Street		Square Feet	# of Floors		
City (5) Woodbury		Bldg. Age			
County (6) Gloucester		Current Use (Prior if being demolished) Hospital			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		County Code (7) (STATE USE ONLY)			
Street Address 318 12th Street		Name of Abatement Contractor (9) AbateTech, Inc.			
City, State, Zip Code Hammonton, NJ 08037		Street Address 30 Maple Ave. PO Box 25			
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Lumberton, NJ 08048			
Start Date (10) 03 / 24 / 14		Telephone No. 609-265-2107			
Scheduled Completion Date (11) 03 / 27 / 14		License No. 00529			
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: _____ AM- _____ PM 4:00PM-12:30AM		Name of OSHA Monitor EMSL Analytical			
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"/> 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			
<input checked="" type="checkbox"/> Renovation <input 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)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Removal	Repair
	Yes No N/A				
	Former Restroom <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Former Restroom <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Pipe Chase <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
	Floor Tile and Mastic 75 SF <input checked="" type="checkbox"/> Floor Tile 100 SF <input checked="" type="checkbox"/> Pipe Insulation 18 LF <input checked="" type="checkbox"/>				
Name of Registered Waste Hauler AbateTech, Inc.		Cubic Yards of Waste 15		Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Jennifer Piraine		NJDEP Waste Hauler ID No. 18750		Signature <i>Jennifer Piraine</i>	
Title Operations Coordinator		Date 3/2			

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