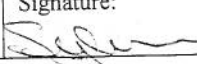


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 05/06/2014		Name of Building Owner/Operator (2) Port Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 3 Brewster Road	
		City, State, Zip Code: Newark, NJ 07114	
		Name of Contact: Dan Nunez	
		Telephone Number: _____	
<b>FACILITY INFORMATION</b>			
Name of Facility 3 Brewster Road		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5) Newark	County (6): Essex	County Code (7): 07114	Square Feet: _____ # of Floors: _____ Bldg. Age 83 Current Use : Garage
Name of Monitoring Firm Hired by Building Owner: TURNINGPOINT CONTRACTING CORP.		ASCM No.: _____	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>
Street Address: 51 Berkeley Terrace		Street Address: <b>658 Rutgers Place</b>	
City, State, Zip Code: Irvington, NJ 07111		City, State, Zip Code: <b>Paramus, NJ 07652</b>	
Project Manager for Monitoring Firm: Emeka Okeke		Telephone No.: 973-372-2177	Telephone No.: (973) 350-0101 License No.: 01215
Start Date (10): 05-19-2014	Scheduled Completion Date (11): 06-19-2014		Name of OSHA Monitor: Metro Analytical Laboratories
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>	
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)
	Yes	No	
TERMINAL C PARKING GARAGE TOLL PLAZA (105)		x	ROOF FLASHING
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.: 12240	Cubic Yards of Waste: 30 Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.
City, State: Bronx, NY 10474	Disposal Date:		City, State: Waynesburg, OH 44688
Completed By: Sylvester Oraegbunam	Title: President	Signature: 	Date: 05-06-14

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

MAY - 9 2014

Date of Notification (1)  
05/06/2014

Name of Building Owner/Operator (2)  
TOWER WEST CONDOMINIUM ASSOCIATION

Street Address  
6050 JFK BLVD E

City, State, Zip Code  
WEST NEW YORK, NJ 07093

Name of Contact  
SEAN NELSON

Telephone Number

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
RESIDENTIAL PROPERTY

Type of Facility (4)

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

Street Address  
6050 JFK BLVD E

City (5)  
WEST NEW YORK

County (6)  
HUDSON

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)  
TRISTATE CLEANING SOLUTIONS INC

Street Address  
124-17 18TH AVE

City, State, Zip Code  
COLLEGE POINT, NY 11356

Telephone No.  
718-353-8400

License No.  
01226

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor  
EVENAIR INC

Street Address  
10-59 JACKSON AVE

City, State, Zip Code  
LIC, NY 11101

Start Date (10)  
05/21/14

Scheduled Completion Date (11)  
05/15/2015

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
Other - Describe:

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
Mechanical Room Thru Building			X	TSI Pipe Insulation on Fittings	100 SF	X			

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
15

Disposal Date  
TBD

Name of Registered Landfill  
IESI BETHLEM LANDFILL

City, State  
BETHLEM PA

City, State  
NEWARK NJ

Completed by  
GUS LOPEZ

Title  
PROJECT MANAGER

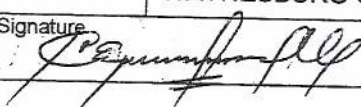
Signature

Date  
05/06/2014

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



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

Date of Notification (1) <b>05/05/2014</b>		Name of Building Owner/Operator (2) <b>MARIO PELUSO</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" 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	<b>594 BLOOMFIELD AVE.</b>							
		City, State, Zip Code <b>NUTLEY N.J.</b>							
		Name of Contact <b>MARIO PELUSO</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE</b>		Type of Facility (4)							
Street Address <b>594 BLOOMFIELD AVE.</b>		<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) <b>NUTLEY N.J.</b>		Square Feet <b>2,200</b>	# of Floors <b>2</b>						
County (6)		Bldg. Age <b>89</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>SHARON QUALITY CONSTRUCTION LLC.</b>						
Street Address		Street Address <b>22 VAN ORDEN PL.</b>							
City, State, Zip Code		City, State, Zip Code <b>HACKENSACK N.J. 07601</b>							
Project Manager for Monitoring Firm <b>N/A</b>		Telephone No. <b>201.708.4270</b>	License No. <b>01135</b>						
Start Date (10) <b>05/07/2014</b>	Scheduled Completion Date (11) <b>05/09/2014</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>307 WEST 38TH ST.</b>							
<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 <b>NEW YORK N.Y. 10018</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>BASEMENT</b>		<b>X</b>		<b>PIPE INSULATION</b>	<b>50 LF.</b>	<b>X</b>			
Name of Registered Waste Hauler <b>SHARON QUALITY CONSTRUCTION</b>		NJDEP Waste Hauler ID No. <b>0033967</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>MINERVA ENTERPRISE INC.</b>					
City, State <b>HACKENSACK N.J.</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG OHIO.</b>					
Completed by <b>CARLOS ESQUIVEL</b>		Title <b>SAFETY MANAGER</b>	Signature 		Date <b>05/06/2014</b>				



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

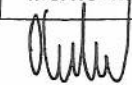
CK H 5036

Date of Notification (1) <b>5/6/14</b>		Name of Building Owner/Operator (2) <b>W. INDRUK</b>	
Agency 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 <b>134 MONTCLAIR AVE</b>	
		City, State, Zip Code <b>MONTCLAIR, NJ 07042</b>	
		Name of Contact <b>W. INDRUK</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>W. INDRUK</b>		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 <b>134 MONTCLAIR AVE</b>		Square Feet <b>2800</b>	# of Floors <b>3</b>
City (5) <b>MONTCLAIR</b>		Bldg. Age <b>90 yrs</b>	
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <b>5/20/14</b>		Scheduled Completion Date (11) <b>5/21/14</b>	
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: <b>8AM TO 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>	
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		Street Address <b>280 Huyler St</b>	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b> <b>BASEMENT</b>		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) <b>THERMAL INSULATION</b>
			Amount (Specify SF or LF) <b>235LF</b>
			Abatement Type Removal   Repair   Encapsulate   Enclosure
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/207</b>
City, State <b>Hackensack, N.J. 07601</b>		Name of Registered Landfill <b>Minerva Enterprises</b>	
		Disposal Date <b>5/21/14</b>	City, State <b>Waynesburg, Oh</b>
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>5/6/14</b>

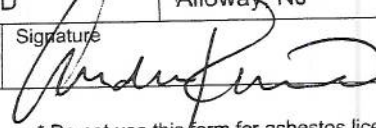


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**CHECK # 8283**

Date of Notification (1) <b>05 / 05 / 14</b>			Name of Building Owner/Operator (2) <b>New Jersey Institute of Technology</b>						
Agencies Notified <input 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 <b>323 Dr. Martin Luther King Jr. Blvd.</b> City, State, Zip Code <b>Newark, NJ 07102</b> Name of Contact <b>Mr. Joseph Myers</b>					
Telephone Number <div style="text-align: right;">MAY - 9 2014</div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJIT - Central High School</b>				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 <b>363-383 Martin Luther King Jr. Blvd. (100 Summit Street)</b>				Square Feet <b>300,000 SF</b>					
City (5) <b>Newark</b>				# of Floors <b>4</b>					
County (6) <b>Essex</b>				Bldg. Age <b>40+</b>					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No. <b>117</b>		Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>					
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>494 E. 41 Street</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>							
Project Manager for Monitoring Firm <b>James J. Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>973-345-0022</b>					
License No. <b>00507</b>									
Start Date (10) <b>05 / 16 / 14</b>		Scheduled Completion Date (11) <b>05 / 18 / 14</b>		Name of OSHA Monitor <b>East Coast Haz Mat Removal, Inc.</b>					
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: <b>7:00AM-4:00PM/4:00PM-1:00AM</b>				Street Address <b>494 E. 41 Street</b> City, State, Zip Code <b>Paterson, NJ 07504</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>148 SF</b>	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
<b>Rm 203-Electric Room</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Wall Plaster</b>	<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 <b>East Coast Haz Mat Removal, Inc.</b>		NJDEP Waste Hauler ID No. <b>18602</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS, Inc.</b>				
City, State <b>Paterson, NJ 07504</b>		Disposal Date <b>05-19-2014</b>		City, State <b>Morrisville, PA 12506</b>					
Completed By (Print or Type) <b>Leslie Olszewski</b>		Title <b>Project Manager</b>		Signature 			Date <b>05-05-2014</b>		

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

Date of Notification (1) 5-7-2014		Name of Building Owner/Operator (2) Judith Fees		MAY - 9 2014	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		26 S. Highland Ave	
				City, State, Zip Code Runnemede, NJ 08078	
		Name of Contact Andrew Ricco		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 22 S. Highland Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Runnemede		Square Feet 1332		# of Floors 2	Bldg. Age 104
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) Ricco Construction Corp	
Street Address				Street Address 282 Creek Road	
City, State, Zip Code				City, State, Zip Code Bellmawr, NJ 08031	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-466-6452	License No. 01204
Start Date (10) 5-19-2014		Scheduled Completion Date (11) 5-21-2014		Name of OSHA Monitor Andrew Ricco	
Occupancy Status During Abatement (Check Only One)				Street Address 282 Creek Road	
<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 Bellmawr, NJ 08031	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 300 sf
	Yes	No	N/A		
exterior			X	transite siding	300 sf
Name of Registered Waste Hauler Ricco Construction Corp.		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste 2	Name of Registered Landfill Salem County
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ	
Completed by Andrew Ricco		Title owner		Signature 	Date 5-7-2014



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

Check # 8744

Date of Notification (1) <b>May 6, 2014</b>		Name of Building Owner / Operator (2) <b>Township of Estell Manor</b>					
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 <b>Emergency</b>  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address <b>148 Cumberland Avenue</b>					
		City, State & Zip Code <b>Estell Manor, NJ 08319</b>					
		Name of Contact <b>Fern Brown</b>					
		Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Municipal Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) Continuing Education <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)					
Street Address <b>148 Cumberland Avenue</b>		Square Feet <b>5,000</b>	# of Floors <b>1</b>				
City (5) <b>Estell Manor</b>		Bldg. Age <b>50</b>					
County (6) <b>Atlantic</b>		Current Use (Prior if being demolished) <b>Township Building</b>					
County Code (7) <b>USE ONLY</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>					
Street Address <b>15 W. Elizabeth Avenue</b>		Street Address <b>829 Radio Road</b>					
City, State & Zip Code <b>Linden, NJ 07036</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>				
Scheduled Start Date (10) <b>May 6, 2014</b>	Scheduled Completion Date (11) <b>May 6, 2014</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>					
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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>					
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥ 1f <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance or 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) <b>Approx. 15 LF</b> <b>15 LF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>Old Copy Room</b>	<b>X</b>	<b>Asbestos Pipe Debris Cleanup</b>			<b>X</b>		
<b>Old Copy Room</b>	<b>X</b>	<b>Asbestos Pipe Insulation</b>					
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>&lt; 1</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>May 9, 2014</b>	City, State <b>Morrisville, PA</b>				
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>May 6, 2014</b>				

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

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

*check # 18970*

Date of Notification (1) 5/6/2014		Name of Building Owner/Operator (2) NJ TRANSIT							
Agencies Notified	Type Notification	Street Address ONE PENN PLAZA EAST							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, NJ 07105-2246							
		Name of Contact RUSSELL SAMAROO	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ TRANSIT HOBOKEN RAIL TERMINAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 HUDSON PLACE		Square Feet	# of Floors						
City (5) HOBOKEN		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 NORTH CHURCH STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code MORRISTOWN, NJ 08057		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JIM GUILARDI		Telephone No. 609-304-3969	License No. 00494						
Start Date (10) 5/12/2014	Scheduled Completion Date (11) 5/19/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
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: OCCUPIED		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TRAINMEN'S LOCKER ROOM		X		CEILING PLASTER	24 SF	X			
				(O&M)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 4	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 5/16/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 5/6/2014					



05/08/2014 14:35 Two Brothers Contracting

FAX 973 856 8811

P.002/004

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 5/8/2014		Name of Building Owner/Operator (2) NJ TRANSIT							
Agencies Notified		Street Address ONE PENN PLAZA EAST							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input 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 NEWARK, NJ 07105-2248							
		Name of Contact RUSSELL SAMAROO							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ TRANSIT HOBOKEN RAIL TERMINAL		Type of Facility (4)							
Street Address 1 HUDSON PLACE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HOBOKEN		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.							
Street Address 1263 NORTH CHURCH STREET		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.							
City, State, Zip Code MORRISTOWN, NJ 08057		Street Address 250 RUTHERFORD BLVD.							
Project Manager for Monitoring Firm JIM GUILARDI		City, State, Zip Code CLIFTON, NJ 07014	Telephone No. 609-304-3868						
Start Date (10) 5/12/2014		Telephone No. 973-856-8700	License No. 00494						
Scheduled Completion Date (11) 5/18/2014		Name of OSHA Monitor SAME AS (9) ABOVE							
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: OCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2180 sf or 2250 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-Fragile Procedure									
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u> in Facility	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
TRAINMEN'S LOCKER ROOM		X		CEILING PLASTER (O&M)	24 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 4		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State CLIFTON, NJ		Disposal Date 6/18/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 5/8/2014			

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

NO CHECK

Date of Notification (1) 04/29/2014		Name of Building Owner/Operator (2) PASSAIC VALLEY SEWERAGE AUTHORITY							
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 WILSON AVENUE City, State, Zip Code NEWARK NJ Name of Contact PARAMOD PANACKAL Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PASSAIC VALLEY SEWERAGE AUTHORITY				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 600 WILSON AVENUE				Square Feet      # of Floors      Bldg. Age					
City (5) NEWARK				Current Use (Prior if being demolished)					
County (6) ESSEX		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS ASSOCIATES INC		ASCM No.		Name of Abatement Contractor (9) BE CONSTRUCTION CORPORATION					
Street Address 3 CROSSWICKS STREET		City, State, Zip Code BORDENTOWN NJ 08505		Street Address 235 WATCHUNG AVE City, State, Zip Code WEST ORANGE NJ 07052					
Project Manager for Monitoring Firm DOUGLAS FERRY		Telephone No. 609-847-2957		Telephone No. 973-669-2900      License No. 01231					
Start Date (10) 05/08/2014		Scheduled Completion Date (11) 05/16/2014		Name of OSHA Monitor					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
CHIMNEY		X		CHIMNEY JOINT PASTE	8SF	X			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill TULLYTON RESOURCE FACILITY				
City, State LINDEN NJ				Disposal Date	City, State TULLYTOWN, PA				
Completed by BARBARA REED		Title PRESIDENT		Signature <i>Read Barbara</i>		Date 05/05/2014			



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

ON HOLD

Date of Notification (1) 04/29/2014		Name of Building Owner/Operator (2) PASSAIC VALLEY SEWERAGE AUTHORITY							
Agencies Notified	Type Notification	Street Address 600 WILSON 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 # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK NJ							
		Name of Contact PARAMOD.PANACKAL	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PASSAIC VALLEY SEWERAGE AUTHORITY		Type of Facility (4)							
Street Address 600 WILSON AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEWARK		Square Feet	# of Floors						
County (6) ESSEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS ASSOCIATES INC		ASCM No.	Name of Abatement Contractor (9) BE CONSTRUCTION CORPORATION						
Street Address 3 CROSSWICKS STREET		Street Address 235 WATCHUNG AVE							
City, State, Zip Code BORDENTOWN NJ 08505		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm MICHAEL		Telephone No. 609-298-5520	Telephone No. 973-669-2900						
Start Date (10) ON HOLD		Scheduled Completion Date (11) 05/09/2014	License No. 01231						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
CHIMNEY		X		CHIMNEY JOINT PASTE	8SF	X			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill TULLYTON RESOURCE FACILITY					
City, State LINDEN NJ		Disposal Date		City, State TULLYTOWN, PA					
Completed by BARBARA REED		Title PRESIDENT		Signature		Date 04/29/2014			


NO CHECK

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

RECEIVED

2014 MAY -9 PM 7:44

NJ DEPARTMENT OF  
& LICENSING

Date of Notification (1) 05/19/2014		Name of Building Owner/Operator (2) The DeNovo Group							
Agencies Notified	Type Notification	Street Address 1302 West Randolph Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60607							
		Name of Contact Todd King	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC		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 760 Jersey Ave		Square Feet 310,000	# of Floors 1						
City (5) New Brunswick		Bldg. Age 68 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Amereco Engineering		ASCM No.	Name of Abatement Contractor (9) Shoreline Contracts Inc.						
Street Address 204 E. Jefferson Street		Street Address 85 Kero Road							
City, State, Zip Code Valparaiso, Indiana 46383		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. (219) 531-0531	Telephone No. (201) 933-0033						
Start Date (10) 05/19/2014		Scheduled Completion Date (11) 06/16/2014	License No. 01230						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Wojciech Michalik							
		Street Address 85 Kero Road							
		City, State, Zip Code Carlstadt, New Jersey 07072							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
office/mezzanine area	x			VAT Floor Tile	12,000 SF	x			
office/mezzanine area	x			Transite Panel	800 SF	x			
office/mezzanine area	x			Pipe Insulation	300 LF	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.					
City, State Shirley, NY		Disposal Date 05/30/2014		City, State Elizabeth, NJ					
Completed by Michael Colman		Title President	Signature 			Date 5/5/14			



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

<b>Date of Notification (1)</b> 5 / 6 /14						<b>Name of Building Owner/Operator (2)</b> VERIZON													
<b>Agencies Notified</b>						<b>Street Address</b> 126 LAKESIDE BLVD.													
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA						<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification 2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						<b>City, State, Zip Code</b> LANDING, NEW JERSEY 07850							
						<b>Name of Contact</b> DOUGLAS J. O'HARE						<b>Telephone Number</b>							
<b>FACILITY INFORMATION</b>																			
<b>Name of Facility Where Abatement is Taking Place (3)</b> VERIZON - BERGEN CENTRAL OFFICE										<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)									
<b>Street Address</b> 71 MADISON AVENUE										<b>Square Feet</b> 113,347		<b># of Floors</b> 2		<b>Bldg. Age</b> 40					
<b>City (5)</b> JERSEY CITY				<b>County (6)</b> HUDSON		<b>County Code (7) (STATE USE ONLY)</b>				<b>Current Use (Prior if being demolished)</b> TELECOMMUNICATIONS									
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> VERIZON c/o ESIS, INC.								<b>ASCM No.</b> 17		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION									
<b>Street Address</b> po box 430								<b>Street Address</b> 313 SPOOK ROCK ROAD											
<b>City, State, Zip Code</b> NORTH VERSAILES, PA 15137								<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901											
<b>Project Manager for Monitoring Firm</b> DANIEL PETROVAY						<b>Telephone Number</b> 412-373-6520				<b>Telephone Number</b> 845-369-7500		<b>License Number</b> 460							
<b>Expected State Date (10)</b> 5 / 2 /14 Month Day Year				<b>Sched. Completion Date (11)</b> 5 / 6 /14 Month Day Year				<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL											
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: FRIDAY 4 PM-12:30 AM/SATURDAY 7AM-3:30 PM										<b>Street Address</b> 1376 ROUTE 9									
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF										<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure									
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>				<b>Amount (Specify SF or LF)</b>		<b>Abatement Type</b> REMOVAL REPAIR ENCAPSULE ENCLOSURE									
BASEMENT HALLWAY ADJACENT TO																			
CABLE VAULT		X		PIPE INSULATION				20 LF		X									
<b>Name of Registered Waste Hauler</b> EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114 Completed by (Print or Type) BENJAMIN SANCHEZ				<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 5		<b>Disposal Date</b> 05/02-06/30/2014		<b>Name of Registered Landfill</b> CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242									
				<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> [Signature]		<b>Date</b> 3/7/14											



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

<b>Date of Notification (1)</b> 5 / 1 /14			<b>Name of Building Owner/Operator (2)</b> VERIZON						
<b>Agencies Notified</b>			<b>Street Address</b>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification / <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		126 LAKESIDE BLVD.						
			<b>City, State, Zip Code</b> LANDING, NEW JERSEY 07850						
			<b>Name of Contact</b> DOUGLAS J. O'HARE		<b>Telephone Number</b>				
FACILITY INFORMATION									
<b>Name of Facility Where Abatement is Taking Place (3)</b> VERIZON - BERGEN CENTRAL OFFICE			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
<b>Street Address</b> 71 MADISON AVENUE			<b>Square Feet</b> 113,347	<b># of Floors</b> 2	<b>Bldg. Age</b> 40				
<b>City (5)</b> JERSEY CITY	<b>County (6)</b> HUDSON	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> TELECOMMUNICATIONS						
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> VERIZON c/o ESIS, INC.			<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION					
<b>Street Address</b> po box 430			<b>Street Address</b> 313 SPOOK ROCK ROAD						
<b>City, State, Zip Code</b> NORTH VERSAILES, PA 15137			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901						
<b>Project Manager for Monitoring Firm</b> DANIEL PETROVAY			<b>Telephone Number</b> 412-373-6520		<b>License Number</b> 845-369-7500				
<b>Expected State Date (10)</b> 5 / 2 /14 Month Day Year			<b>Sched. Completion Date (11)</b> 6 / 30 /14 Month Day Year		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL				
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: FRIDAY 4 PM-12:30 AM/SATURDAY 7AM-3:30 PM			<b>Street Address</b> 1376 ROUTE 9						
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590						
			<input checked="" type="checkbox"/> Renovation						
			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT HALLWAY ADJACENT TO									
CABLE VAULT		X		PIPE INSULATION	20 LF	X			
<b>Name of Registered Waste Hauler</b> EXPRESS WASTE LLC 614 FRELINGHUYSSEN AVENUE NEWARK, NEW JERSEY 07114	<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 5	<b>Name of Registered Landfill</b> CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD NEWBURG, PA 17242					
<b>Disposal Date</b> 05/02-06/30/2014		<b>Signature</b> BOS		<b>Date</b> 5/1/14					
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS							



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

[illegible]

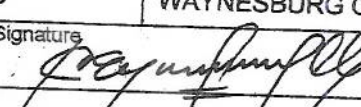


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

check # 1014

2014 MAY -9 PM 7:43

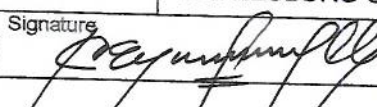
ASBESTOS CONTROL LICENSING

Date of Notification (1) 05/03/2014		Name of Building Owner/Operator (2) JACQUES MINOYAN							
Agencies Notified	Type Notification	Street Address 6612 MC. KINLEY PLACE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WEST NEW YORK 07093							
		Name of Contact PAUL MINOYAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 6612 MC. KINLEY PLACE.		<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) WEST NEW YORK 07093		Square Feet 2,200	# of Floors 2						
County (6)		Bldg. Age 90							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PLACE.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201.708.4270						
Start Date (10) 05/07/2014		Scheduled Completion Date (11) 05/08/2014	License No. 01135						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
<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 1551 OAKBRIDGE DR. SUITE. B.							
		City, State, Zip Code POWHATAN VA. 32139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	140 LF.	X			
BASEMENT		X		BOILER PAPER INSULATION	1.8. SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 05/03/2014					



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

Check # 1013

Date of Notification (1) 05/03/2014		Name of Building Owner/Operator (2) JACQUES MINOYAN							
Agencies Notified	Type Notification	Street Address 6612 MC. KINLEY PLACE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WEST NEW YORK 07093							
		Name of Contact PAUL MINOYAN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 6612 MC. KINLEY PLACE.		<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) WEST NEW YORK 07093		Square Feet 2,200	# of Floors 2						
County (6)		Bldg. Age 90							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PLACE.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201.708.4270	License No. 01135						
Start Date (10) 05/07/2014	Scheduled Completion Date (11) 05/08/2014	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
Occupancy Status During Abatement (Check Only One)		Street Address 1551 OAKBRIDGE DR. SUITE. B.							
<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 POWHATAN VA. 32139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	140 LF.	X			
BASEMENT		X		BOILER PAPER INSULATION	1.8. SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 05/03/2014			



B &amp; G proj. #: 2014-69

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

\*\*\* EMERGENCY \*\*\*

Check #6522

Date of Notification (1) <u>04/12/14</u>		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 100 Madison Avenue		City, State, Zip Code Morristown, NJ 07960	
Name of Contact Patrick J. Burke, Jr.		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Atlantic Rehabilitation Institute (Non-Sub 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 95 Mt. Kemble Avenue			Square Feet    # of Floors    Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) elderly rehab center		
Name of Monitoring Firm Hired by Bldg. Owner (8) T and M Associates		ASCM No. 00145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road		Street Address 105 Ryerson Road			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-1725	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 05/01/2014		Sched. Completion Date (11) 05/01/2014			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: <u>Occupied NON-Sub 8</u>					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Fl. Mechanical Rm			X	pipe insulation	20 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yd	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/02/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/29/2014



Apr 29 2014 03:50pm

P001/001

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

B &amp; G pro. #: 2014-69

\*\*\* EMERGENCY \*\*\*

Check # 6522

Date of Notification (1) 10/4/12/9/11/4		Name of Building Owner/Operator (2) Atlantic Health System		2014 MA -9 P. 10/4/12/9/11/4 NJ Dept. of Health & Senior Services (signature) Date: 4/29/14 Time: 3:28	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue	
		City, State, Zip Code Morristown, NJ 07960		Telephone Number	
		Name of Contact Patrick J. Burke, Jr.			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Atlantic Rehabilitation Institute (Non-Sub 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 95 Mt. Kemble Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) elderly rehab center		
Name of Monitoring Firm Hired by Bldg. Owner (8) T and M Associates		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road			Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-1725	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 05/01/2014		Sched. Completion Date (11) 05/01/2014	Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe:

☒ Other-Describe: Occupied NON-Sub 8

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Mini-enclosure

☒ >2 sf or >2 lf ☐ >160 sf or >260 lf ☐ wrap & cut ☒ Glovebag procedure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
1st Fl. Mechanical Rm			X	pipe insulation	20 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yd	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/02/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/29/2014



B &amp; G pre, #: 2014-89

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*

Date of Notification (1)  
04/29/14

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

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

Name of Building Owner/Operator (2)  
Atlantic Health System

Street Address  
100 Madison Avenue

City, State, Zip Code  
Morristown, NJ 07960

Name of Contact  
Patrick J. Burke, Jr.

Telephone Number

DO NOT CHECK  
EMERGENCY - 9 PM 7/38  
WAIVER APPROVED

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Atlantic Rehabilitation Institute (Non-Sub B)

Street Address  
96 Mt. Kemble Avenue

City (6)  
Morristown

County (5)  
Morris

County Code (7)  
(State use only)

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

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
elderly rehab center

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

ASCM No.

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Project Manager for Monitoring Firm  
Kevin Burns

Phone Number  
732-878-1725

Scheduled Start Date (10)  
05/01/2014

Sched. Completion Date (11)  
05/01/2014

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

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scope of Work (check all that apply)  
☐ Demolition  
☒ > 3 sf or > 3 lf  
☒ Renovation  
☐ ≥ 100 sf or ≥ 200 lf  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☐ wrap & cut  
☒ Glovebag procedure  
☐ Non-fabric procedure

Location of asbestos-containing material to be abated in facility (13)

In location normally used solely by maintenance/custodial staff (12)

Location of asbestos-containing material to be abated in facility (13)	In location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Fl. Mechanical Rm			X	pipe insulation	20 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"/>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1 yd

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ 07035

Disposal Date  
05/02/2014

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
04/28/2014



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

B & G proj. #: 2014-70

Check # 6526

Date of Notification (1) 05/10/14		Name of Building Owner/Operator (2) Newton 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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 57 Trinity Street		City, State, Zip Code Newton, NJ 07860	
Name of Contact Donna Snyder		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Newton High School (Non-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 44 Ryerson Avenue			Square Feet		
City (5) Newton			# of Floors		
County (6) Sussex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) R & K Occupational & Environmental Analysis, Inc.			ASCM No. 0090		
Name of Abatement Contractor (9) B & G Restoration, Inc.			Street Address 105 Ryerson Road		
Street Address 403 St. James Avenue			City, State, Zip Code Lincoln Park, NJ 07035		
City, State, Zip Code Phillipsburg, NJ 08865			Telephone Number 973-696-6869		
Project Manager for Monitoring Firm Jonathan S. Gilbert			License Number 0378		
Phone Number 908-454-6316			Name of OSHA Monitor B & G Restoration, Inc.		
Scheduled Start Date (10) 05/02/2014			Street Address 105 Ryerson Road		
Sched. Completion Date (11) 05/03/2014			City, State, Zip Code Lincoln Park, NJ 07035		
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: Start: Friday 3:00 p.m. - 11:30 p.m. <input type="checkbox"/> Other-Describe:					

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☐ wrap & cut  
☐ Mini-enclosure ☐ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Encl
	Yes	No	N/A						
Auditorium			X	acoustical ceiling plaster (clean-up)	8 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium			X	surface area to reclean	400 sqft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Hepa vacuuming & wet wiping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				utilizing negative pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yd	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/02-05/2014	City, State Tullytown, PA	Date 05/01/2014
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	



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

B &amp; G proj. #: 2014-70

Check # 6526

Date of Notification (1) 05/01/2014		Name of Building Owner/Operator (2) Newton Board of Education		APPROVED NJ Dept. of Health & Senior Services Paul C. Homer - 9 PM 7:34 (signature) 11:33 AM Date: 5/1/14 Time: 11:33 AM	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 57 Trinity Street City, State, Zip Code Newton, NJ 07860 Name of Contact Donna Snyder Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Newton High School (Non-Sub B)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 44 Ryerson Avenue			Square Feet # of Floors Bldg. Age		
City (5) Newton	County (6) Sussex	County Code (7) (State use only)	Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) R & K Occupational & Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 403 St. James Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Phillipsburg, NJ 08865			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jonathan S. Gilbert		Phone Number 908-454-6316	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 05/02/2014		Sched. Completion Date (11) 05/03/2014	Name of OSHA Monitor B & G Restoration, 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 facility hours. Describe: Start: Friday 3:00 p.m. - 11:30 p.m. <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Auditorium			X	acoustical ceiling plaster (clean-up)	8 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium			X	surface area to reclean	400 sqft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Hepa vacuuming & wet wiping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				utilizing negative pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yd	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/02-05/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/01/2014



CHECK#  
3296

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

Date of Notification (1) <u>5/16/14</u>		Name of Building Owner/Operator (2) <u>12:19 PM 5/16/14</u> <u>PINELANDS CONSTRUCTION</u>				
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST. N.J.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> Name of Contact <u>FABIA EDUARDI</u> Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>131 W. BURNERUP AVE.</u>		Square Feet	# of Floors			
City (5) <u>WILDWOOD CREST</u>		Bldg. Age				
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>			
Start Date (10) <u>5/16/14</u>	Scheduled Completion Date (11) <u>5/23/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u> City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) <u>2400 LF</u>	Abatement Type	
	Yes	No			N/A	Removal
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C. M. C. M. V. A.</u>		
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBRIDGE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>5/16/14</u>			



CHECK #  
3296

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

Date of Notification (1) <u>5/6/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONCRETE PH 0752</u>				
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 <u>300 77TH STREET</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08293</u>				
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>507 E. 8TH AVE.</u>		Square Feet	# of Floors			
City (5) <u>NORTH WILDWOOD</u>		Bldg. Age				
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>			
Start Date (10) <u>5/16/14</u>	Scheduled Completion Date (11) <u>5/23/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>				
		City, State, Zip Code <u>MAPLE SHADE, N.J. 080</u>				
Scope of Work (Check all that apply)						
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<u>SIDING</u>			<u>TRANSITE</u>	<u>1200 LF</u>	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>		
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBURG, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>		Date <u>5/6/14</u>	



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

Date of Notification (1) <b>05 / 06 / 14</b>		Name of Building Owner/Operator (2) <b>Kennedy Health System / Job #1405-4762 Check #6250</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>18 East Laurel Road</b> City, State, Zip Code <b>Stratford, NJ 08084</b> Name of Contact <b>Bob Reed</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Kennedy Memorial Hospital - Lab &amp; Associated Awning</b>		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 <b>18 East Laurel Road</b>		Square Feet	# of Floors						
City (5) <b>Stratford</b>		Bldg. Age							
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>3370 Progress Drive</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Michael Panepresso</b>	Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>05 / 19 / 14</b>	Scheduled Completion Date (11) <b>05 / 30 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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 <b>8:00PM-4:30AM</b>		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Lab and Associated Awning</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Ceiling Spray On</b>	<b>200 SF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/30/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>5/6/14</b>		

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

RECEIVED

Date of Notification (1) 05 / 06 / 14		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1405-4760 Check #6251							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John T. Greco	Telephone Number ( )						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy		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 1345 Englishtown Road		Square Feet							
City (5) Old Bridge		# of Floors							
County (6) Middlesex		Bidg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 South Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	License No. 00529						
Start Date (10) 05 / 19 / 14		Scheduled Completion Date (11) 05 / 26 / 14							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical							
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,062 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/26/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 5/6/14			



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

MAJ-00000000

RECEIVED

Date of Notification (1) 05 / 06 / 14			Name of Building Owner/Operator (2) Cape Liberty Cruise Port, LLC Job #1404-3757 Check #6253						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1050 Caribbean Way					
				City, State, Zip Code Miami, Florida 33138					
		Name of Contact Don Ferguson		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cape Liberty Cruise Terminal - Royal Caribbean Line				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 14 Port Terminal Boulevard				Square Feet					
City (5) Bayonne				# of Floors					
County (6) Hudson				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Port Terminal							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No. 201-489-8700		License No. 00529					
Start Date (10) 05 / 07 / 14		Scheduled Completion Date (11) 05 / 14 / 14		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Excavated Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steam Line	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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 5/14/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature Jennifer Piraine		Date 5/6/14			

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

RECEIVED


Date of Notification (1) <b>05 / 06 / 14</b>		Name of Building Owner/Operator (2) <b>Seton Hall University / Job #1404-4759 Check #6252</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>400 South Orange Ave.</b>							
		City, State, Zip Code <b>South Orange, NJ 07079</b>							
		Name of Contact <b>Patrick Declesis</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Seton Hall University - Recreation Center - Walsh Gym</b>		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 <b>400 South Orange Ave.</b>		Square Feet	# of Floors						
City (5) <b>South Orange</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>University</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>	Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>5 / 20 / 14</b>	Scheduled Completion Date (11) <b>5 / 21 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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: <b>AM-3:00PM/11:30PM-AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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
<b>Ladies Bathroom 4024</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>120 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ladies Bathroom 4014</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>120 SF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/21/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>		Date <b>5/6/14</b>			



# 14057

CK # 8994


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

Date of Notification (1) <u>5</u> / <u>5</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>Brixmor Property Group</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Fayette St., Ste. 150</b> City, State, Zip Code <b>Conshohocken, PA 19428</b> Name of Contact <b>David Bock</b> Telephone Number <b>763-1111</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Dover Park Plaza</b>		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 <b>3 Sunnysbrae Blvd,</b>		Square Feet <b>100,000+</b>							
City (5) <b>Yardville, NJ 08620</b>		# of Floors <b>1</b>							
County (6) <b>Mercer</b>		Bldg. Age <b>40+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant Retail Stores</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX Air Quality Services, LLC</b>		ASCM No. <b>NA</b>							
Street Address <b>700 Turner Way</b>		Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>							
City, State, Zip Code <b>Aston, PA 19014</b>		Street Address <b>550 East Union St.</b>							
Project Manager for Monitoring Firm <b>Don Heim</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Telephone No. <b>610-558-8902</b>		Telephone No. <b>610-701-9000</b>							
Start Date (10) <u>5</u> / <u>19</u> / <u>14</u>		License No. <b>00508</b>							
Scheduled Completion Date (11) <u>5</u> / <u>23</u> / <u>14</u>		Name of OSHA Monitor <b>AET</b>							
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: <u>7</u> AM- <u>3:30</u> PM- <u>3</u> AM		Street Address <b>28 N. Pennel Road</b> City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
Video Express	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	20 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"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>		Cubic Yards of Waste <b>90</b>	Name of Registered Landfill <b>Allied BFI Imperial</b>				
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>		Title <b>Estimator</b>		Signature 		Date <b>5/5/15</b>			



CK # 24510

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

Date of Notification (1) <u>5/5/14</u>		Name of Building Owner/Operator (2) <u>Jim Kimbell</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>59 Highland Ave.</u>					
		City, State, Zip Code <u>Metuchen, NJ 08840</u>					
		Name of Contact <u>Jim Kimbell</u>	Telephone Number _____				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>59 Highland Ave.</u>							
City (5) <u>Metuchen, NJ</u>	Square Feet <u>1800 SF</u>	# of Floors <u>2</u>	Bldg. Age <u>80</u>				
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		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>Bill Weigarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>				
Start Date (10) <u>5/15/14</u>	Scheduled Completion Date (11) <u>5/18/14</u>	Name of OSHA Monitor <u>DB Environmental</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Street Address <u>4 Berkeley Place</u>					
		City, State, Zip Code <u>Freehold, NJ 07728</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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<u>X</u>	<u>Thermal Pipe Insulation</u>	<u>160 lf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>G.R.O.W.S. Inc.</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/19/14</u>	City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/5/14</u>				

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

Date of Notification (1) <b>5/5/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>WILLIAM MONTAGUE</b>	Telephone Number <b>6...</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		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 <b>JULIUS ST. + RT. 1 + 9</b>		Square Feet <b>120</b>	# of Floors <b>1</b>						
City (5) <b>WOODBRIIDGE</b>		Bldg. Age <b>APPX 30 YRS</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SUBSTATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCN No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>						
		License No. <b>01111</b>							
Start Date (10) <b>5/16/14</b>	Scheduled Completion Date (11) <b>5/16/14</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
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: <b>NECESSARY OPERATORS ONLY</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>CONTROL HOUSE</b>		<b>X</b>		<b>TRANSITE FLOOR PANELS</b>	<b>120 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <i>Carol Raimo</i>		Date <b>5/5/14</b>			



B &amp; G proj. #: 2014-71

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

Check #6529

Date of Notification (1) 05/10/14		Name of Building Owner/Operator (2) Miguel Lazo	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 48 Downs Avenue	
		City, State, Zip Code Wharton, NJ 07785	
		Name of Contact Miguel Lazo	Telephone

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Miguel Lazo			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 48 Downs Avenue			Square Feet    # of Floors    Bldg. Age		
City (5) Wharton, NJ 07885	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 05/16/2014		Sched. Completion Date (11) 05/17/2014		Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	


Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	VAT	145 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/19/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/06/2014

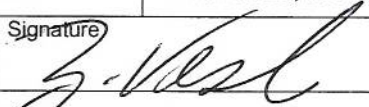
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>05 / 06 / 14</b>		Name of Building Owner/Operator (2) <b>AGL Resources, Inc.</b> / Job # <b>1405-1872 Chk. #3562</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>300 Connell Drive, Suite 3000</b>							
		City, State, Zip Code <b>Berkeley Heights, NJ 07922</b>							
		Name of Contact <b>Mr. Steven Cook</b>	Telephone Number <b>908-261-1234</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>AGL Flemington Service Facility</b>		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 <b>60 East Main Street</b>		Square Feet <b>2,400</b>	# of Floors <b>1</b>						
City (5) <b>Flemington</b>		Bldg. Age <b>45</b>							
County (6) <b>Hunterdon</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave Flanagan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00862</b>						
Start Date (10) <b>5 / 15 / 14</b>	Scheduled Completion Date (11) <b>5 / 19 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
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 <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Saddle Tar Insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	600 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"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/20/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>5-14</b>		



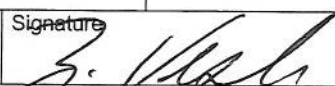
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

OK # 1601

Date of Notification (1) <b>05 / 06 / 14</b>		Name of Building Owner/Operator (2) <b>Stacy Fredericks</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>16 Osborne Place</b>	
		City, State, Zip Code <b>West Orange, NJ 07052</b>	
		Name of Contact <b>Stacy Fredericks</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		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 <b>16 Osborne Place</b>		Square Feet      # of Floors      Bldg. Age	
City (5) <b>West Orange</b>			
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>
			License No. <b>1188</b>
Start Date (10) <b>05 / 17 / 14</b>	Scheduled Completion Date (11) <b>06 / 17 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
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 <b>27 Outwater Lane</b>	
		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> <b>Renovation</b> <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) <b>TO BE ABATED IN Facility (13)</b>	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	
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>
	<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 <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>
City, State <b>Garfield, NJ</b>		Name of Registered Landfill <b>IESI Landfill</b>	
		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>
Completed By (Print or Type) <b>Zvonko Veskov</b>	Title <b>President</b>	Signature 	Date <b>5/6/14</b>

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

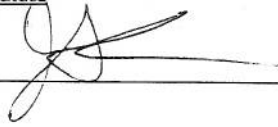
CHECK # 1602

Date of Notification (1) <b>05 / 06 / 14</b>		Name of Building Owner/Operator (2) <b>Stephen D. Leshnoff</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>220 Locust Street Apt 2D</b>							
		City, State, Zip Code <b>Philadelphia, PA 19106-3928</b>							
		Name of Contact <b>Stephen Leshnoff</b>	Telephone _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		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 <b>52 Park Avenue</b>									
City (5) <b>Caldwell</b>		Square Feet	# of Floors						
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>05 / 18 / 14</b>	Scheduled Completion Date (11) <b>06 / 18 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
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 <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 		Date <b>5/6/14</b>			



CHECK # 00441791

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

<b>Date of Notification (1)</b> 05/06/14		<b>Name of Building Owner/Operator (2)</b> LG Electronics	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> ( ) Initial Notification (X) Amended Certification ( ) Cancelled	
		<b>Street Address</b> 920 Sylvan Avenue <b>City, State, Zip Code</b> Englewood Cliffs, NJ 07632	
		<b>Name of Contact</b> Steven Yu	<b>Tel</b>
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> LG Electronics		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 111 Sylvan Avenue		<b>Sq. Feet</b> 410,000 <b># of Floors</b> 2	
<b>City (5)</b> Englewood Cliffs	<b>County (6)</b> Bergen	<b>County Code (7)</b> (State Use Only)	
		<b>Bldg. Age</b> 58 <b>Current Use</b> (prior if being demolished) commercial/office	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Omega Environmental Services, Inc.		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Brandenburg Industrial Service Company
<b>Street Address</b> 280 Huyler Street		<b>Street Address</b> 2217 Spillman Dr	
<b>City, State, Zip Code</b> South Hackensack, NJ 07606		<b>City, State, Zip Code</b> Bethlehem Pennsylvania 18015	
<b>Project Manager for Monitoring Firm</b> Anton Rezin	<b>Telephone Number</b> 201-489-8700	<b>Telephone Number</b> 610-691-1800	<b>License Number</b> 00721
<b>Scheduled Start Date (10)</b> 05/12/14	<b>Scheduled Completion Date (11)</b> 08/22/14	<b>Name of OSHA Monitor</b> Brandenburg Industrial Service Company	
<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____ (x) Other - Matl discovered during demolition of building		<b>Street Address</b> 2217 Spillman Drive <b>City, State, Zip Code</b> Bethlehem, PA 18015	
<b>Source of Work (Check all that apply)</b> (x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
Foundation Walls		Mastic	4,000 LF
Brick Façade			25,000 SF
<b>Name of Reg. Waste Hauler</b> Brandenburg Industrial Serv Co	<b>NJDEP Waste Hauler ID #</b> 21838	<b>Cubic Yards of Waste</b> 1500 cy	<b>Name of Reg. Landfill</b> IESI Bethlehem Landfill
<b>City, State</b> Bethlehem, PA		<b>Disp. Date</b> TBD	<b>City, State</b> Bethlehem, PA
<b>Completed by (Print or Type)</b> Jennifer Strobel	<b>Title</b> Contract Administrator	<b>Signature</b> 	<b>Date</b> 05/06/14

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

Telephone 609-984-6620

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9/18/00