

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

*Check # 2073*

Date of Notification (1) 05 / 14 / 14		Name of Building Owner / Operator (2) First Energy	
Agencies Notified		Street Address 76 South Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Akron, Ohio 44308	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Jim Halsey	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	Telephone Number 	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/>	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SPRINGFIELD & PASSAIC			Type of Facility (4)		
Street Address SPRINGFIELD & PASSAIC			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) SUMMIT	County (6) MORRIS	County Code (7)	Square Feet	# Of Floors	Building Age
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations			ASCM NO		

Street Address 655 West Shore Trail		LVI Demolition Services Inc.			
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway			
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036			
Telephone Number 212-682-9271		Telephone Number 973-884-8682		License Number 00860	
Scheduled Start Date (10) 05 / 28 / 14	Sched. Completion Date (11) 05 / 30 / 14				

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor LVI Demolition Services Inc.			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Street Address 32 Williams Parkway				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm	City, State, Zip Code East Hanover, NJ 07036				
<input checked="" type="checkbox"/> Other - Describe:					

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior Telephone Pole	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Transite Conduit	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"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature <i>Steven Stiles</i>	Date 05/14/14

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

*Check # 2074*

Date of Notification (1) 05 / 14 / 14		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 76 South Street	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code Akron, Ohio 44308	
		Name of Contact Jim Halsey	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 7 NORTH LOANTAKA LANE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) CHATHAM	County (6) MORRIS	County Code (7)	Square Feet	# Of Floors	Building Age
			Current Use (Prior if being demolished)		
			Telephone Pole		

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO	
Street Address 655 West Shore Trail		LVI Demolition Services Inc.	
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036	
Telephone Number 212-682-9271		Telephone Number 973-884-8682	
License Number 00860			
Scheduled Start Date (10) 05 / 28 / 14	Sched. Completion Date (11) 05 / 30 / 14		

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor LVI Demolition Services Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
		YES	NO	N/A			
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 05/14/14

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

B & G proj. #: 2014-76

Check #6539

Date of Notification (1) <u>05/12/14</u>		Name of Building Owner/Operator (2) Estate of Gunner Kathenes	
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 20 Lee Road	
	City, State, Zip Code Livingston, NJ 07039		
	Name of Contact Brian Kathenes	Telephone Number <del>XXXXXXXXXX</del>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Gunner Kathenes			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 20 Lee Road			Square Feet		
City (5) Livingston, NJ 07039			# of Floors		
County (6) Essex		County Code (7) (State use only)			
Current Use (Prior if being demolished) residential			Bldg. Age		

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) 05/22/2014	Sched. Completion Date (11) 05/23/2014	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 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 checked="" 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	duct insulation (8 locations @ 2 sf)	16 sf	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ 07035		Disposal Date 05/23/2014	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 05/12/2014	

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

Date of Notification (1) <u>5</u> / <u>12</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>NA - Superfund Site</b> / Job # 1405-1873 Chk. #3568	
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>75 Cedar Swamp Road</b>
			City, State, Zip Code <b>Logan Township, NJ 08085</b>
			Name of Contact <b>Peter P. Brussock, BROS Tech. Comm.</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bridgeport Rental &amp; Oil Services, Superfund Site</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>75 Cedar Swamp Road</b>		Square Feet <b>400</b>	# of Floors <b>1</b>
City (5) <b>Logan Township</b>		Bldg. Age <b>50 years</b>	
County (6) <b>Gloucester</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	

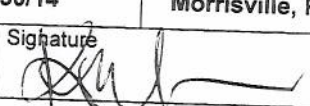
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>		
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <u>05</u> / <u>27</u> / <u>14</u>	Scheduled Completion Date (11) <u>05</u> / <u>30</u> / <u>14</u>		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>ENCLOSURE</i>
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> <del>Glovebag Procedure</del> <i>wrap &amp; cut methods</i>
		<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
throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	500 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"/>	Roof Flashing	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	25 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"/>

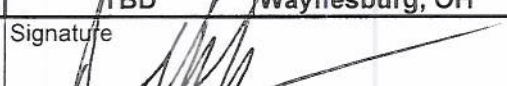
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/30/14</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>	Signature 	Date <b>5-12-14</b>		

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

ETS JOB # 4215/14

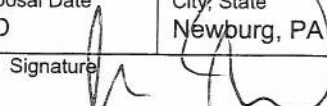
Check #: 24919

AMENDMENT #

Date of Notification (1) <b>5/9/2014</b>		Name of Building Owner / Operator (2) <b>MERCEDES-BENZ USA, LLC</b>		
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		Street Address	
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		<b>ONE MERCEDES DRIVE</b>	
			City, State & Zip Code <b>MONTVALE, NJ 07645</b>	
		Name of Contact <b>MR. DAVE LEE</b>		Telephone Number
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>MERCEDES - BENZ USA, LLC</b>			Type of Facility (4)	
Street Address <b>ONE MERCEDES DRIVE</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>MONTVALE</b>			County (6) <b>BERGEN</b>	County Code (7)
			Square Feet <b>200,000</b>	# of Floors <b>4</b>
			Bldg. Age <b>46 YEARS</b>	
			Current Use (Prior if being demolished) <b>COMMERICAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>BUREAU VERITAS N.A., INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>ETS Contracting, Inc.</b>	
Street Address <b>110 FIELDCREST AVENUE</b>		Street Address <b>160 Clay Street</b>		
City, State & Zip Code <b>EDISON, NJ 08837</b>		City, State & Zip Code <b>Brooklyn, NY 11222</b>		
Project Manager for Monitoring Firm <b>MR. DOUG MCGARRITY</b>		Telephone Number <b>732-225-6040</b>	Telephone Number <b>718-706-6300</b>	License Number <b>00511</b>
Scheduled Start Date (10) <b>6/6/2014</b>	Scheduled Completion Date (11) <b>12/31/2014</b>		Name of OSHA Monitor <b>JLC ENVIRONMENTAL CONSULTANTS, INC.</b>	
Occupancy Status During Abatement (Check only one)			Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <b>FRIDAY 3:00 PM - 1:00 AM, SATURDAY 8:00 AM - 8:00 PM &amp; SUNDAY 8:00 AM - 8:00 PM</b> <input type="checkbox"/> Other - Describe:			<b>30 WEST 26<sup>TH</sup> STREET</b>	
			City, State & Zip Code <b>NEW YORK, NY 10010</b>	
Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other:		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>GROUND FLOOR RESTROOMS</b>	<b>No</b>	<b>FIREPROOFING</b>	<b>542 SF</b>	<b>REMOVAL</b>
<b>1<sup>ST</sup> FLOOR RESTROOMS</b>	<b>No</b>	<b>FIREPROOFING</b>	<b>685 SF</b>	<b>REMOVAL</b>
<b>2<sup>ND</sup> FLOOR RESTROOMS</b>	<b>No</b>	<b>FIREPROOFING</b>	<b>685 SF</b>	<b>REMOVAL</b>
Name of Registered Waste Hauler <b>Tri State Transfer</b>	NJDEP Waste Hauler ID # <b>19551</b>	Cu. Yds. of Waste <b>60</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>	
City, State <b>Bronx, NY</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>ROBERT MIDDLETON</b>	Title <b>SR. PROJECT EXECUTIVE</b>	Signature 		Date <b>5/9/14</b>


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

CHECK # 20931

Date of Notification (1) 05-09-14		Name of Building Owner/Operator (2) New Jersey Turnpike 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 581 Main Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Dave Colella Telephone Number _____							
	<b>FACILITY INFORMATION</b>									
	Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Pump House at Pier 52 Street Address Pump House at Pier 52 Beneath NJ Turnpike between Exits 15X & 15W City (5) Secaucus County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 5,915 # of Floors 2 Bldg. Age 76 yrs. County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Station							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp. Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072 Telephone No. 201-939-6565 License No. 00756							
Start Date (10) 05-28-14		Scheduled Completion Date (11) 07-31-14		Name of OSHA Monitor Even-Air 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 <input type="checkbox"/> Other - Describe: _____			Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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) <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	
					x	Roofing & Transite	600SF	x		
					x	Gaskets	12LF	x		
		x	Wire Wrap	200LF	x					
Name of Registered Waste Hauler Auchter Industrial Services		NJDEP Waste Hauler ID No. 14289	Cubic Yards of Waste TBD	Name of Registered Landfill Cuberland County Landfill						
City, State Linden, NJ 07036		Disposal Date TBD		City, State Newburg, PA 17240						
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 05-09-14						

VIA FAX  
CH# 1083

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

Date of Notification (1) <b>05/09/14</b>		Name of Building Owner/Operator (2) <b>Arcas Holdings, LLC</b>								
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>564 Spring St.</b>								
		City, State, Zip Code <b>Elizabeth, N.J. 07201</b>								
		Name of Contact <b>Mr Inacio Pinto</b>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>221 Catherine St.</b>		Square Feet <b>3000</b>	# of Floors <b>2</b>							
City (5) <b>Elizabeth, NJ.</b>		Bldg. Age <b>100</b>								
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENT</b>								
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Novatech Inc.</b>								
Street Address		Street Address <b>P.O. Box 814</b>								
City, State, Zip Code		City, State, Zip Code <b>Old Bridge, N.J.</b>								
Project Manager for Monitoring Firm		Telephone No. <b>732 238-7500</b>	License No. <b>00806</b>							
Start Date (10) <b>4/06/14</b>	Scheduled Completion Date (11) <b>6/6/14</b>	Name of OSHA Monitor <b>Novatech 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 <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 814</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		City, State, Zip Code <b>Old Bridge, N.J. 08857</b>								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Grabbag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.								
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
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	
REAR LOWER ROOF			X	ROOF MATERIAL	4350 SF	X				
Name of Registered Waste Hauler <b>Novatech Inc.</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>						
City, State <b>Old Bridge, NJ 08857</b>		Disposal Date	City, State <b>Hagerstown, PA</b>							
Completed by <b>Carlos Almeida, President</b>		Signature 		Date <b>05/09/14</b>						

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

Check # 7491

Date of Notification (1) <b>8/8/13</b>		Name of Building Owner/Operator (2) <b>Passaic Valley Water Commission</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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>1525 Main Ave.</b>	
		City, State, Zip Code <b>Clifton, NJ 07011</b>	
		Name of Contact <b>Mike Morreta</b>	Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Little Falls WTF – Building 5</b>			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 and commercial buildings, homes, etc.)		
Street Address <b>800 Union Blvd.</b>			Square Feet <b>5000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 70</b>
City (5) <b>Totowa</b>	County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Pump station</b>		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>			Street Address <b>3 Lynn Court</b>		
City, State, Zip Code <b>Cranbury, NJ 08512</b>			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>	License Number <b>00852</b>	
Scheduled Start Date (10) <b>5/19/14</b>	Sched. Completion Date (11) <b>5/30/14</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, 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: <input type="checkbox"/> Other – Describe:		Street Address <b>2333 Route 22 W</b>			
		City, State, Zip Code <b>Union, NJ 07083</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini – Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Main level	x			Pipe insulation	9 LF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/30/14</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 	Date <b>5/9/13</b>	



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

Check # 7490

Date of Notification (1) <b>8/8/13</b>		Name of Building Owner/Operator (2) <b>Passaic Valley Water Commission</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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>1525 Main Ave.</b>	
		City, State, Zip Code <b>Clifton, NJ 07011</b>	
		Name of Contact <b>Mike Morreta</b>	Telephone Number

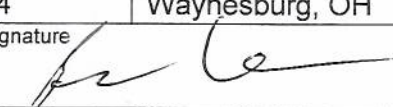
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Little Falls WTF – Building 4</b>			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 and commercial buildings, homes, etc.)		
Street Address <b>800 Union Blvd.</b>			Square Feet <b>5000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 70</b>
City (5) <b>Totowa</b>	County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Pump station</b>		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>			Street Address <b>3 Lynn Court</b>		
City, State, Zip Code <b>Cranbury, NJ 08512</b>			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/19/14</b>	Sched. Completion Date (11) <b>5/30/14</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, 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: <input type="checkbox"/> Other – Describe:		Street Address <b>2333 Route 22 W</b>			
		City, State, Zip Code <b>Union, NJ 07083</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini – Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Main level	x			Pipe insulation	8 LF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>5/30/14</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/9/13</b>

Signature: [Signature]  
 Date: 5/9/14 Time: 1:15

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

CHECK # 2440

Date of Notification (1) <b>5/9/14</b>		Name of Building Owner/Operator (2) <b>BRIAN OLENICK</b>						
Agency Number <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>316 HAMILTON AVE</b> City, State, Zip Code <b>GLEN ROCK N.J. 07452</b>					
Name of Facility Where Abatement is Being Performed (3) <b>RESIDENT</b>		Name of Contact <b>BRIAN OLENICK</b>						
Street Address <b>316 HAMILTON AVE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>GLEN ROCK</b>		Square Feet <b>1,500</b>	Floor Floors <b>2</b>					
County (6) <b>BERGEN</b>		Est. Age <b>750</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ASC/N</b>		Current Use (Prior to being demolished) <b>RESIDENTIAL</b>						
Street Address		Name of Abatement Contractor (9) <b>A. MAG Contracting Inc</b>						
City, State, Zip Code		Street Address <b>105 Lowell Road</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Glen Rock, NJ 07452</b>						
Telephone No.		Telephone No. <b>201-262-5841</b>						
Start Date (10) <b>5/12/14</b>		License No. <b>00156</b>						
Scheduled Completion Date (11) <b>5/30/14</b>		Name of OSHA Monitor <b>Omega Environmental Services 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 <input type="checkbox"/> Other - Describe:		Street Address <b>280 Hager Street</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 ft <input type="checkbox"/> 2160 sf or 2250 ft <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 (7) and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, NJ 07608</b>						
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) <b>BASEMENT</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)	Amount (Specify SF or LF) <b>87LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Name of Registered Waste Hauler		Name of Registered Landfill						
NJDEP Waste Hauler ID No. <b>20705</b>		City, State, Zip Code <b>Bethlehem, PA 18018</b>						
Name of Registered Landfill <b>ESI PA Bethlehem Landfill Corp.</b>		City, State, Zip Code <b>Bethlehem, PA 18018</b>						
Name of Registered Waste Hauler <b>ESR Transport</b>		Disposal Date <b>5/12/14</b>						
City, State, Zip Code <b>Elizabeth, NJ 07208</b>		Signature <b>J. Vortaro</b>		Date <b>5/12/14</b>				
Completed by <b>Joseph Vortaro</b>		Title <b>Operator</b>						

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

(signature)  
Date: 5/9/14 Time: 9:15

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

Date of Notification (1) 5/9/14		Name of Building Owner/Operator (2) KHALID QURESHI							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation							
Street Address 128 WILLIAM STREET		City, State, Zip Code ENGLEWOOD, NJ 07631							
Name of Contact MATTHEW		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QURESHI		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 128 WILLIAM ST		Square Feet 600	# of Floors 1						
City (5) ENGLEWOOD		Bldg. Age 60							
County (6) BERGEN		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) GARAGE & CAR									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 5/9/14	Scheduled Completion Date (11) 5/12/14	Name of OSHA Monitor Omega Environmental Services 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 <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scopes of Work (Check All That Apply) <input checked="" 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		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
OUTSIDE			X	SHINGLES	480 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 5/9/14		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 5/9/14			

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

Check # 8764

Date of Notification (1) <b>May 12, 2014</b>		Name of Building Owner / Operator (2) <b>Township of Green Brook</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  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # ___ <input type="checkbox"/> Cancellation	Street Address  <b>111 Greenbrook Road</b>	
		City, State & Zip Code <b>Green Brook, NJ 08812</b>	
		Name of Contact	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Washington Park State 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 & commercial buildings, home, etc.)	
Street Address <b>16 Rock Road West</b>		Square Feet <b>5,000</b>	# of Floors <b>2 + Basement</b>
City (5) <b>Green Brook</b>		Bldg. Age <b>70</b>	
County (6) <b>Somerset</b>		Current Use (Prior if being demolished) <b>Home</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Brian Nemetz</b>		Telephone Number <b>908-686-2636</b>	Telephone Number <b>609-296-6916</b>
License Number <b>00817</b>			
Scheduled Start Date (10) <b>May 22, 2014</b>	Scheduled Completion Date (11) <b>June 20, 2014</b>	Name of OSHA Monitor <b>Synatech, 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 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"/> $\geq 3$ sf or $\geq 50$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Landing of Basement Staircase			x	Floor Tile & Mastic	8 SF	X			

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>June 23, 2014</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>May 12, 2014</b>

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

CK # 000147

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

Date of Notification (1) 05-08-14		Name of Building Owner/Operator (2) La Porta Builders Inc.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Laureldale Ave.								
		City, State, Zip Code Metuchen NJ 08840								
		Name of Contact Jim LaPorta								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 7 West Cedar St.		Square Feet	# of Floors							
City (5) Metuchen		Bldg. Age								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC							
Street Address		Street Address 522 7th Street								
City, State, Zip Code		City, State, Zip Code Union City NJ 07087								
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206							
Start Date (10) 05-19-14	Scheduled Completion Date (11) 05-20-14	Name of OSHA Monitor Delfa Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th Street								
		City, State, Zip Code Union City NJ 07087								
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 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		x		Transite siding	600 SF	x				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City NJ 07087		Disposal Date 05-22-14		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager	Signature 				Date 05-08-14			

CK # 000145

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

Date of Notification (1) 05-08-14		Name of Building Owner/Operator (2) Ann Ryan	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 408 Cranberry Rd.	
		City, State, Zip Code Farmingdale NJ 07727	
		Name of Contact Ann Ryan	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 133-135 Feronia Way		Square Feet	# of Floors
City (5) Rutherford		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC
Street Address		Street Address 522 7th Street	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 05-20-14	Scheduled Completion Date (11) 05-21-14	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 Am - 4:00 PM		Street Address 522 7th Street	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

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

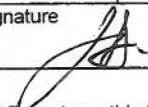
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	60 LF	X			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City NJ 07087		Disposal Date 05-23-14		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager	Signature 		Date 05-08-14

CK# 000140

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

RECEIVED  
 2014 MAY 15 PM 8:43

Date of Notification (1) 05-06-14		Name of Building Owner/Operator (2) Wayne Pohida							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 632 S. Broad St. City, State, Zip Code Elizabeth NJ 07202 Name of Contact David Pohida Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Private Residence Street Address 624 Spring Ave. City (5) Elizabeth County (6) Union			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Delfa Contracting LLC Street Address 522 7th Street City, State, Zip Code Union City NJ 07087 Project Manager for Monitoring Firm _____ Telephone No. _____ Telephone No. 201 216-9603 License No. 01206						
Start Date (10) 05-07-14		Scheduled Completion Date (11) 05-10-14	Name of OSHA Monitor Delfa Contracting LLC Street Address 522 7th Street City, State, Zip Code Union City NJ 07087						
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 522 7th Street City, State, Zip Code Union City NJ 07087						
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 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
Exterior		x		transite Siding	2500 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility City, State Tullytown, PA					
City, State Union City NJ 07087		Disposal Date 05-12-14	City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager	Signature 		Date 05-06-14				

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

*Check # 10908*

**GAC Project # 060-14**

<u>Date of Notification (1)</u> <b>May 6, 2014</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DÉPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
<u>Name of Contact</u> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		<u>Telephone Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>NEWARK GYM, BLDG# 7223</b>		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 2 <u>Bldg. Age:</u> 60+ years	
<u>Street Address</u> <b>NEWARK CAMPUS</b>		<u>Current Use (prior if being demolished):</u> ACADEMIC	
<u>City (5)</u> <b>NEWARK</b>	<u>County (6)</u> <b>ESSEX</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>Cardno ATC</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>05/16/14</b>	<u>Scheduled Completion Date (11)</u> <b>05/19/14</b>		<u>Name of OSHA Monitor</u> <b>1 ENVIROVISION, INC.</b>
<u>Occupancy Status During Abatement (Check only one)</u> <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: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
<u>Scope of Work (Check all that apply)</u> <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	
<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Room 004 Suite</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>VAT</b>	<u>Amount (Specify SF or LF)</u> <b>250 SF</b>
			<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>	<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>15 CY</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> <b>05/19/14</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> 215-736-1700
<u>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</u> NJ DEP # 20990			
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>May 6, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney



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

*check # 10901*

**GAC Project # 060-14**

<u>Date of Notification (1)</u> <b>March 6, 2014</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
<u>Name of Contact</u> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		<u>Telephone Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>BUSCH CENTRAL HEATING, BLDG# 3540</b>		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 3 <u>Bldg. Age:</u> 60+ years	
<u>Street Address</u> <b>BUSCH CAMPUS</b>		<u>Current Use (prior if being demolished):</u> HEATING PLANT	
<u>City (5)</u> <b>PISCATAWAY</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC ASSOCIATES</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>05/16/14</b>	<u>Scheduled Completion Date (11)</u> <b>05/28/14</b>	<u>Name of OSHA Monitor</u> <b>1 ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <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: <b>Shift Hours: 8:00AM - 8:00AM - 24Hr</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>	
<u>Scope of Work (Check all that apply)</u>			
<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	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<b>1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> Floors (various areas)</b>	<input checked="" type="checkbox"/>	<b>TSI</b>	<b>100 SF</b>
<b>1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> Floors (various areas)</b>	<input checked="" type="checkbox"/>	<b>TSI</b>	<b>100 LF</b>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>15 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561</b>		<b>Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
		<u>Disposal Date</u> <b>05/28/14</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>March 6, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

NO CHECK

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

GAC Project # 060-14

Date of Notification (1) <b>March 6, 2014</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>BUSCH CENTRAL HEATING, BLDG# 3540</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>BUSCH CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>HEATING PLANT</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>			
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>			
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>		
Scheduled Start Date (10) <b>05/16/14</b>	Scheduled Completion Date (11) <b>05/28/14</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</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 - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 8:00AM - 8:00AM - 24Hr</b>		Street Address <b>20-21 WARGARAW ROAD</b>			
		City, State, Zip Code <b>FAIRLAWN, NJ</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 $\geq 260$		<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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
1 <sup>st</sup> , 2 <sup>nd</sup> , & 3 <sup>rd</sup> Floors (various areas)	<input checked="" type="checkbox"/>	TSI	100 SF	<input checked="" type="checkbox"/>	
1 <sup>st</sup> , 2 <sup>nd</sup> , & 3 <sup>rd</sup> Floors (various areas)	<input checked="" type="checkbox"/>	TSI	100 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>05/28/14</b>		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>	
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612				<b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 6, 2014</b>		

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

NO CHECK

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

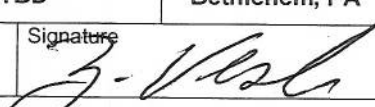
GAC Project # 060-14

Date of Notification (1) <b>March 8, 2014</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - Subchapter 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BUSCH CENTRAL HEATING, BLDG# 3540</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 & commercial buildings, homes, etc.)	
Street Address <b>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>HEATING PLANT</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/16/14</b>	Scheduled Completion Date (11) <b>05/28/14</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</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 - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 8:00AM - 8:00AM - 24Hr</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u>
<b>1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> Floors (various areas)</b>	<input checked="" type="checkbox"/>	<b>TSI</b>	<b>100 SF</b> <input checked="" type="checkbox"/>
<b>1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> Floors (various areas)</b>	<input checked="" type="checkbox"/>	<b>TSI</b>	<b>100 LF</b> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>05/28/14</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 8, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

NO CHECK

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

Date of Notification (1) <u>05</u> / <u>12</u> / <u>14</u>			Name of Building Owner/Operator (2) <b>K. Hovnanian Homes</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>110 Fieldcrest Avenue, 5<sup>th</sup> Floor</b>						
			City, State, Zip Code <b>Edison, NJ 08818</b>						
			Name of Contact <b>AI</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>123 Washington Valley Road</b>			Square Feet	# of Floors	Bldg. Age				
City (5) <b>Warren</b>			Current Use (Prior if being demolished)						
County (6) <b>Warren</b>		County Code (7)(STATE USE ONLY)							
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) <u>05</u> / <u>12</u> / <u>14</u>		Scheduled Completion Date (11) <u>06</u> / <u>12</u> / <u>14</u>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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: <u>      </u> AM- <u>      </u> PM/ <b>4:00PM-12:00AM</b>			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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Boiler Jacket</b>	<b>60 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Linoleum</b>	<b>300 SF</b>	<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"/>
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>5/12/14</b>				

CR# 1492

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

Date of Notification (1) <u>5-13-2014</u>		Name of Building Owner/Operator (2) <u>THOMAS GABRIELLINI</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>39 WARD DR</u>					
		City, State, Zip Code <u>BRICK, NJ, 08723</u>					
		Name of Contact <u>ERIC PLACKIS</u> Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>39 WARD DR</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.) <u>HOME</u>					
Street Address <u>39 WARD DR</u>		Square Feet <u>800</u>	# of Floors <u>1</u>				
City (5) <u>BRICK NJ 08723</u>		Bldg. Age <u>50</u>					
County (6) <u>OCEAN</u>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC</u>					
Street Address		Street Address <u>145 NATICK TRAIL</u>					
City, State, Zip Code		City, State, Zip Code <u>BRICK NJ, 08724</u>					
Project Manager for Monitoring Firm		Telephone No. <u>732-899-7499</u>	License No. <u>01196</u>				
Start Date (10)	Scheduled Completion Date (11) <u>Name of OSHA Monitor</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>VACANT</u>		Street Address					
		City, State, Zip Code					
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) <u>9 SF WHITE CHIMNEY CAULK</u>	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) <u>9 SF</u>	Amount (Specify SF or LF) <u>9 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>9 SF BLACK CHIMNEY TAR</u>			<u>9 SF</u>	<input checked="" type="checkbox"/>			
<u>200 SQ FT FLOOR TILE + MASTIC VAT</u>			<u>200 SF</u>	<input checked="" type="checkbox"/>			
<u>48 LF PAPER HZAC INSULATION</u>			<u>48 LF</u>	<input checked="" type="checkbox"/>			
<u>180 SQ FT TRANSITE PANELS</u>		<u>TRANSITE</u>	<u>180 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC</u>		NUDEP Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>8</u>	Name of Registered Landfill <u>G.R.O.W.S</u>			
City, State <u>BRICK, NJ</u>		Disposal Date <u>5-15-14</u>		City, State <u>PA.</u>			
Completed By <u>ERIC PLACKIS</u>		Title <u>PRES.</u>	Signature <u>[Signature]</u>		Date <u>5-13-14</u>		


STATE OF NEW JERSEY  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>May 12, 2014</b>		Name of Building Owner/Operator (2) <b>Summit Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>204 Heron Road</b>
			City, State, Zip Code <b>Tuckerton, NJ 08087</b>
			Name of Contact <b>Cliff</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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>23 West Navasink Drive</b>			Square feet <b>1000 sf</b>		
City <b>Mystic Island</b>		County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm		Telephone Number	City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Scheduled Start Date (10) <b>5/12/14</b>		Scheduled Completion Date (11) <b>5/13/14</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</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 <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glovebag Procedure			
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>5/14/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>5/12/14</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)

Date of Notification (1) <p style="text-align: center;">2/11/2014</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Messiercola Enterprises <span style="float: right;">8 24 267</span></p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <p style="text-align: center;">P O Box 790</p>	City, State, Zip Code <p style="text-align: center;">Matawan, NJ 07747</p>
		Name of Contact <p style="text-align: center;">Fernando</p>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>		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 <p style="text-align: center;">113 Harvard Avenue</p>		Square feet <p style="text-align: center;">1000 sf</p>	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">60</p>
Point Pleasant	County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <p style="text-align: center;">Residence</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>		ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address		Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code		City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <p style="text-align: center;">732-349-9932</p>	License Number <p style="text-align: center;">00624</p>	
Scheduled Start Date (10) <p style="text-align: center;">5/13/14</p>	Scheduled Completion Date (11) <p style="text-align: center;">5/15/14</p>			
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 <p style="text-align: center;">E.M.S.L. Analytical</p>		
		Street Address <p style="text-align: center;">1056 Stelton Road</p>		
		City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply)				
<input type="checkbox"/> >3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
		<input type="checkbox"/> Glovebag Procedure		
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	850 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">2</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>	
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">5/16/14</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>		
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">5/12/2014</p>	

\*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>May 12, 2014</b>		Name of Building Owner/Operator (2) <b>GL Construction Services</b> <span style="float: right;">24263</span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>568 East Bay Avenue</b>
			City, State, Zip Code <b>Manahawkin, NJ 08050</b>
			Name of Contact <b>Mike</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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>532 Broad Avenue</b>			Square feet <b>1500 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
City <b>Brick</b>	County (6) <b>Ocean</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) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>	
Scheduled Start Date (10) <b>5/13/14</b>	Scheduled Completion Date (11) <b>5/15/14</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</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 <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1300 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>5/16/14</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>		Date <b>5/12/14</b>	

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