

PK# 1493

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

Date of Notification (1) 5-13-14		Name of Building Owner/Operator (2) JOSEPHINE ERVEN					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 234 LORILLARD AVE		City, State, Zip Code UNION BEACH NJ 07735					
Name of Contact ERIC PLACKIS		Telephone Number 711-1111					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 234 LORILLARD AVE		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.)					
City (5) UNION BEACH NJ 07735		Square Feet 1300	# of Floors 2				
County (6) MONMOUTH		Bldg. Age 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) BRICK IND. INC.		ASCM No.					
Street Address 145 NATICK TR.		City, State, Zip Code BRICK NJ 08724					
City, State, Zip Code		Telephone No. 732-899-7499					
Project Manager for Monitoring Firm		License No. 01196					
Start Date (10) 5/14/14		Scheduled Completion Date (11) 5/15/15					
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					
Street Address		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
FLOOR TILES 2ND FL.		400 SQ FT VAT	400 SQ FT	<input checked="" type="checkbox"/>			
1ST FLOOR FLOOR PAPER		10 Lin. FT	10 Lin. FT	<input checked="" type="checkbox"/>			
1ST FLOOR TARPAPER		100 SQ FT Tarpaper	100 SQ FT	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler BRICK INDUSTRIES INC		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S			
City, State BRICK NJ 08724		Disposal Date 5/15/14	City, State PA				
Completed By ERIC PLACKIS		Title PRES.	Signature <i>[Signature]</i>	Date 5-13-14			

State of New Jersey
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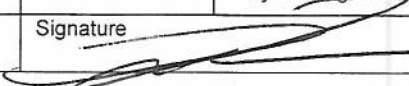
Date of Notification (1) 05/13/2013		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 285 Madison Avenue City, State, Zip Code Madison, NJ 07940 Name of Contact Paul Palladino							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wellness Center, FDU Campus		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 285 Madison Avenue		Square Feet 3,400 SF	# of Floors 2						
City (5) Madison, NJ 07940		Bldg. Age 61							
County (6) Morris County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC						
Street Address 5434 King Avenue, Suite 101		Street Address 145 Mill Street							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm Tom Pruno	Telephone No. 888-306-4545	Telephone No. 973-553-5374	License No. 01108						
Start Date (10) 05/23/2014	Scheduled Completion Date (11) 05/28/2014	Name of OSHA Monitor Valiant Associates, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Waiting Room Door			X	Plaster	17 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 05/28/2014		City, State Waynesburg, OH 44688					
Completed By Miodrag Stamenovic		Title Project Manager				Signature <i>Miodrag Stamenovic</i>		Date 05/13/2014	

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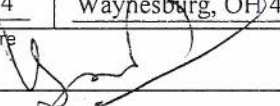
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) 05/12/14		Name of Building Owner/Operator (2) The Evergreens C.C. Retirement Community							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 309 Bridgeboro Rd						
			City, State, Zip Co Moorestown, NJ 08057						
			Name of Contact Jim Poteet		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)					
Street Address 309 Bridgeboro Rd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Moorestown				Square Feet 150000 +	# of Floors 2				
County (6) Camden		County Code (7) (STATE USE ONLY)		Bldg. Age 45					
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental						
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.							
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720							
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333	Telephone Number (302) 322-8946	License Number 00578					
Scheduled Start Date (10) 05/27/14	Scheduled Completion Date 05/27/14		Name of OSHA Monitor County Environmental						
Occupancy Status During Abatement (Check only one)			Street Address 461 New Churchmans Road						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: abatement in un-occupied section of building			City, State, Zip Code New Castle, DE 19720						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Crawl Space	X			TSI	50 LF	X			
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990		Cubic Yards of Waste	Name of Reg. Landfill Minerva				
City, State New castle DE				Disposal Date TBA	City, State Waynesburg OH				
Completed by Ben Hodgdon	Title PM			Signature 			Date 1/29/14		

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

Date of Notification (1) 05/14/2014		Name of Building Owner/Operator (2) Fourth Generation Construction, LLC PHID: 53							
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 Aspen Drive							
		City, State, Zip Code North Caldwell, NJ 07006							
		Name of Contact Victor Recchia	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 367 Little Falls Road		Square Feet 1,200 SF	# of Floors 2						
City (5) Cedar Grove		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Bio-Terra Environmental Solutions LLC.		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address P O Box 122A		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 05/25/2014	Scheduled Completion Date (11) 05/26/2014	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Bed Room			X	VAT	200 SF	X			
2nd floor Bed Room			X	VAT	300 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 05/26/2014	City, State Waynesburg, OH 44688						
Completed By Krutarth Jagad	Title President	Signature 	Date 05/14/2014						

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NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) 05/12/2014		Name of Building Owner/Operator (2) Monmouth University							
Agencies Notified	Type Notification	Street Address 400 Cedar Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Long Branch							
		Name of Contact Timothy Orr							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bluff Building #4		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 590 Ocean Avenue		Square Feet	# of Floors						
City (5) West Long Branch		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dormitory							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address PO Box 385		Street Address 208 Piaget Avenue							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 05/27/2014	Scheduled Completion Date (11) 06/11/2014	Name of OSHA Monitor VMC Company, 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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apt. 29A-34B		x		Sheetrock/joint compound	2,830 SF	x			
Apt. 29A-34B		x		Flooring material	1,474 SF	x			
Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS					
City, State Freehold, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>			Date 05/12/2014		

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

check # 1015

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Date of Notification (1) 5-9-2014		Name of Building Owner/Operator (2) Asbury Park Board of Education							
Agencies Notified	Type Notification	Street Address 603 Mattison Avenue, 3rd Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Asbury Park, NJ 07712							
		Name of Contact Frank Primiani	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Asbury Park High School		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 1003 Sunset Avenue		Square Feet 60,000	# of Floors 3						
City (5) Asbury Park		Bldg. Age 80+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingtondale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	License No. 01084						
Start Date (10) 5-19-2014	Scheduled Completion Date (11) 6-2-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub-8 Occupied		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingtondale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			(2)Boilers Rope, Insulation/rib pk	320 SF	X			
Boiler Room	X			(2) Boilers Fire Brick	192 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingtondale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 5-9-14			