

CK# 23354

ASB-41  
MAY 11

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

OK # 3358

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



Date of Notification (1) 5/16/14		Name of Building Owner/Operator (2) Tinton Falls Solar Farm							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 99 Tormee Drive						
			City, State, Zip Code Tinton Falls, NJ 07712						
			Name of Contact AJ Gally						
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 829 Lakewood Farmingdale Road				<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) Howell		Square Feet 2,500		# of Floors 1	Bldg. Age 65 years				
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 510 Heron Drive, Suite 306				Street Address 407 West Lincoln Highway, Suite 500					
City, State, Zip Code Bridgeport, NJ 08014				City, State, Zip Code Exton, PA 19341					
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 856-467-2276		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 5/27/14		Scheduled Completion Date (11) 5/29/14		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Floor Sheeting	144 sf	X			
Bedroom			X	Floor tile	110 sf	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste >1 cy	Name of Registered Landfill GROWS				
City, State Exton, PA				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager			Signature 			Date 5/16/14	



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

RECEIVED

Date of Notification (1) <b>MAY 5, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY, LLC</b>		Page 1 of 2					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>ONE CVS DRIVE</b> City, State, Zip Code <b>WOONSOCKET, RI 02895</b> Name of Contact <b>PAUL PHILLIPS</b> Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BLOCK BUSTER VIDEO STORE</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>117 SPEEDWELL AVENUE</b>				Square Feet <b>10,000</b>					
City (5) <b>MORRISTOWN</b>				# of Floors <b>1</b>					
County (6) <b>MORRIS</b>				Bldg. Age <b>62</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>		ASCM No. <b>00120</b>		Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>					
Street Address <b>280 HUYLER STREET</b>		Street Address <b>3010 BURNS AVENUE</b>							
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State, Zip Code <b>WANTAGH, NY 11793</b>							
Project Manager for Monitoring Firm <b>ANTON RESIN</b>		Telephone No. <b>201-489-8700</b>		License No. <b>01138</b>					
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/30/2014</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
EXTERIOR		X		WINDOW GLAZING & CAULK	702 SF	X			
EXTERIOR		X		WALL TAR COATING	364 SF	X			
1ST FLOOR		X		FLOOR TILE & MASTIC	196 SF	X			
1ST FLOOR		X		PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>				
City, State <b>BRONX, NY</b>		Disposal Date <b>5/30/2014</b>		City, State <b>WAYNESBURG, OH</b>					
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature <i>Ann Sweeney</i>		Date <b>5/5/2014</b>			



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

RECEIVED  
MAY 20 2014 PM 8:00

Page 2 of 2

Date of Notification (1) <b>MAY 5, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>ONE CVS DRIVE</b>		City, State, Zip Code <b>WOONSOCKET, RI 02895</b>							
Name of Contact <b>PAUL PHILLIPS</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BLOCK BUSTER VIDEO STORE</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>117 SPEEDWELL AVENUE</b>		Square Feet <b>10,000</b>	# of Floors <b>1</b>						
City (5) <b>MORRISTOWN</b>		Bldg. Age <b>62</b>							
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>						
Street Address <b>280 HUYLER STREET</b>		Street Address <b>3010 BURNS AVENUE</b>							
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State, Zip Code <b>WANTAGH, NY 11793</b>							
Project Manager for Monitoring Firm <b>ANTON RESIN</b>		Telephone No. <b>201-489-8700</b>	Telephone No. <b>516-781-3000</b>						
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/30/2014</b>	License No. <b>01138</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 Other - Describe:		Name of OSHA Monitor							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		FLASHING	2,510 SF	X			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>					
City, State <b>BRONX, NY</b>		Disposal Date <b>5/30/2014</b>		City, State <b>WAYNESBURG, OH</b>					
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature <i>Ann Sweeney</i>		Date <b>5/5/2014</b>			



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

Date of Notification (1) MAY 16, 2014		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY LLC		Page 1 of 2					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ONE CVS DRIVE					
				City, State, Zip Code WOONSOCKET, RI 02895					
		Name of Contact PAUL PHILLIPS		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BLOCK BUSTER VIDEO STORE				Type of Facility (4)					
Street Address 117 SPEEDWELL AVENUE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) MORRISTOWN				Square Feet 10,000	# of Floors 1				
County (6) MORRIS				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL BUILDING				
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES		ASCM No. 00120		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 280 HUYLER STREET		City, State, Zip Code SOUTH HACKENSACK, NJ 07606		Street Address 3010 BURNS AVENUE					
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code WANTAGH, NY 11793		Telephone No. 516-781-3000					
Project Manager for Monitoring Firm ANTON RESIN		Telephone No. 201-489-8700		License No. 01138					
Start Date (10) 5/21/2014		Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
EXTERIOR		X		WINDOW GLAZING & CAULK	702 SF	X			
EXTERIOR		X		WALL TAR COATING	364 SF	X			
1ST FLOOR		X		FLOOR TILE & MASTIC	196 SF	X			
1ST FLOOR		X		PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY		Disposal Date 5/30/2014		City, State WAYNESBURG, OH					
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature <i>Ann Sweeney</i>		Date 5/16/2014			

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

Date of Notification (1) MAY 16, 2014		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 2 of 2					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE CVS DRIVE					
		City, State, Zip Code WOONSOCKET, RI 02895		Telephone Number					
		Name of Contact PAUL PHILLIPS							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BLOCK BUSTER VIDEO STORE			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 117 SPEEDWELL AVENUE			Square Feet 10,000						
City (5) MORRISTOWN			# of Floors 1		Bldg. Age 62				
County (6) MORRIS		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL BUILDING					
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES		ASCM No. 00120		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 280 HUYLER STREET		Street Address 3010 BURNS AVENUE							
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm ANTON RESIN		Telephone No. 201-489-8700		License No. 01138					
Start Date (10) 5/21/2014		Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		FLASHING	2,510 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30		Name of Registered Landfill MINERVA ENTERPRISES			
City, State BRONX, NY		Disposal Date 5/30/2014		City, State WAYNESBURG, OH					
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature <i>Ann Sweeney</i>		Date 5/16/2014			



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

Date of Notification (1) <b>MAY 5, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY, LLC</b>		Page 1 of 3					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>ONE CVS DRIVE</b> City, State, Zip Code <b>WOONSOCKET, RI 02895</b> Name of Contact <b>PAUL PHILLIPS</b>					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BMW DEALERSHIP</b>				Type of Facility (4)					
Street Address <b>115 SPRING STREET</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>MORRISTOWN</b>				Square Feet <b>11,000</b>	# of Floors <b>2</b>				
County (6) <b>MORRIS</b>				County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>62</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>				ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>				
Street Address <b>280 HUYLER STREET</b>				Street Address <b>3010 BURNS AVENUE</b>					
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>				City, State, Zip Code <b>WANTAGH, NY 11793</b>					
Project Manager for Monitoring Firm <b>ANTON RESIN</b>				Telephone No. <b>201-489-8700</b>	License No. <b>01138</b>				
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/30/2014</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
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									
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<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR		X		JOINT COMPOUND	22,720 SF	X			
1ST FLOOR		X		FLOOR TILE & MASTIC	2,612 SF	X			
1ST FLOOR		X		CEILING TILE GLUE DOTS	816 SF	X			
1ST FLOOR		X		SHEET FLOORING	100 SF	X			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>				
City, State <b>BRONX, NY</b>		Disposal Date <b>5/30/2014</b>		City, State <b>WAYNESBURG, OH</b>					
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature <i>Ann Sweeney</i>		Date <b>5/5/2014</b>			



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

Date of Notification (1) <b>MAY 2, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY, LLC</b>		Page 2 of 3					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>ONE CVS DRIVE</b> City, State, Zip Code <b>WOONSOCKET, RI 02895</b> Name of Contact <b>PAUL PHILLIPS</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BMW DEALERSHIP</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>115 SPRING STREET</b>			Square Feet <b>11,000</b>						
City (5) <b>MORRISTOWN</b>			# of Floors <b>2</b>		Bldg. Age <b>62</b>				
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>		ASCM No. <b>00120</b>		Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>					
Street Address <b>280 HUYLER STREET</b>		Street Address <b>3010 BURNS AVENUE</b>							
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State, Zip Code <b>WANTAGH, NY 11793</b>							
Project Manager for Monitoring Firm <b>ANTON RESIN</b>		Telephone No. <b>201-489-8700</b>		License No. <b>01138</b>					
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/30/2014</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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>1ST FLOOR</b>		<b>X</b>		<b>INT. TAR FLASHING &amp; PAPER</b>	<b>274 SF</b>	<b>X</b>			
<b>EXTERIOR</b>		<b>X</b>		<b>WINDOW &amp; DOOR CAULK</b>	<b>198 SF</b>	<b>X</b>			
<b>EXTERIOR</b>		<b>X</b>		<b>WALL FLASHING</b>	<b>180 SF</b>	<b>X</b>			
<b>ROOF</b>		<b>X</b>		<b>ROOF FIELD &amp; FLASHING</b>	<b>9,072 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>				
City, State <b>BRONX, NY</b>				Disposal Date <b>5/30/2014</b>	City, State <b>WAYNESBURG, OH</b>				
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature			Date <b>5/5/2014</b>		



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

Date of Notification (1) <b>MAY 5, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY, LLC</b>		Page 3 of 3					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>ONE CVS DRIVE</b> City, State, Zip Code <b>WOONSOCKET, RI 02895</b> Name of Contact <b>PAUL PHILLIPS</b> Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BMW DEALERSHIP</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>115 SPRING STREET</b>			Square Feet <b>11,000</b>						
City (5) <b>MORRISTOWN</b>			# of Floors <b>2</b>		Bldg. Age <b>62</b>				
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>		ASCM No. <b>00120</b>		Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>					
Street Address <b>280 HUYLER STREET</b>		Street Address <b>3010 BURNS AVENUE</b>							
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State, Zip Code <b>WANTAGH, NY 11793</b>							
Project Manager for Monitoring Firm <b>ANTON RESIN</b>		Telephone No. <b>201-489-8700</b>		Telephone No. <b>516-781-3000</b> License No. <b>01138</b>					
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/30/2014</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
<b>GARAGE ROOF</b>		<b>X</b>		<b>FLASHING</b>	<b>930 SF</b>	<b>X</b>			
<b>GARAGE EXTERIOR</b>		<b>X</b>		<b>WINDOW GLAZING &amp; CAULK</b>	<b>126 SF</b>	<b>X</b>			
<b>GARAGE EXTERIOR</b>		<b>X</b>		<b>DOOR CAULK</b>	<b>72 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>		Cubic Yards of Waste <b>30</b>		Name of Registered Landfill <b>MINERVA ENTERPRISES</b>			
City, State <b>BRONX, NY</b>				Disposal Date <b>5/30/2014</b>		City, State <b>WAYNESBURG, OH</b>			
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature		Date <b>5/5/2014</b>			

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

Date of Notification (1) MAY 16, 2014		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY		Page 1 of 3					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895 Name of Contact PAUL PHILLIPS Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BMW DEALERSHIP			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 115 SPRING STREET			Square Feet 11,000						
City (5) MORRISTOWN			# of Floors 2		Bldg. Age 62				
County (6) MORRIS		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL BUILDING					
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES		ASCM No. 00120		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 280 HUYLER STREET		Street Address 3010 BURNS AVENUE							
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm ANTON RESIN		Telephone No. 201-489-8700		Telephone No. 516-781-3000					
License No. 01138									
Start Date (10) 5/21/2014		Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR		X		JOINT COMPOUND	22,720 SF	X			
1ST FLOOR		X		FLOOR TILE & MASTIC	2,612 SF	X			
1ST FLOOR		X		CEILING TILE GLUE DOTS	816 SF	X			
1ST FLOOR		X		SHEET FLOORING	100 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY		Disposal Date 5/30/2014		City, State WAYNESBURG, OH					
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature <i>Ann Sweeney</i>		Date 5/16/2014			



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

Date of Notification (1) MAY 16, 2014		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 2 of 3					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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 ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895 Name of Contact PAUL PHILLIPS Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BMW DEALERSHIP			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 115 SPRING STREET			Square Feet 11,000 # of Floors 2 Bldg. Age 62						
City (5) MORRISTOWN			Current Use (Prior if being demolished) COMMERCIAL BUILDING						
County (6) MORRIS		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES		ASCM No. 00120		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 280 HUYLER STREET		Street Address 3010 BURNS AVENUE							
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm ANTON RESIN		Telephone No. 201-489-8700		Telephone No. 516-781-3000 License No. 01138					
Start Date (10) 5/21/2014		Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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		X		INT. TAR FLASHING & PAPER	274 SF	X			
EXTERIOR		X		WINDOW & DOOR CAULK	198 SF	X			
EXTERIOR		X		WALL FLASHING	180 SF	X			
ROOF		X		ROOF FIELD & FLASHING	9,072 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY				Disposal Date 5/30/2014	City, State WAYNESBURG, OH				
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature <i>Ann Sweeney</i>		Date 5/16/2014			

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

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Date of Notification (1) <b>MAY 16, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY, LLC</b>		Page 3 of 3					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>ONE CVS DRIVE</b> City, State, Zip Code <b>WOONSOCKET, RI 02895</b> Name of Contact <b>PAUL PHILLIPS</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BMW DEALERSHIP</b>			Type of Facility (4)						
Street Address <b>115 SPRING STREET</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>MORRISTOWN</b>			Square Feet <b>11,000</b>	# of Floors <b>2</b>	Bldg. Age <b>62</b>				
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>		ASCN No. <b>00120</b>		Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>					
Street Address <b>280 HUYLER STREET</b>		Street Address <b>3010 BURNS AVENUE</b>							
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State, Zip Code <b>WANTAGH, NY 11793</b>							
Project Manager for Monitoring Firm <b>ANTON RESIN</b>		Telephone No. <b>201-489-8700</b>		Telephone No. <b>516-781-3000</b>	License No. <b>01138</b>				
Start Date (10) <b>5/21/2014</b>		Scheduled Completion Date (11) <b>6/30/2014</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GARAGE ROOF		X		FLASHING	930 SF	X			
GARAGE EXTERIOR		X		WINDOW GLAZING & CAULK	126 SF	X			
GARAGE EXTERIOR		X		DOOR CAULK	72 SF	X			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>				
City, State <b>BRONX, NY</b>				Disposal Date <b>5/30/2014</b>	City, State <b>WAYNESBURG, OH</b>				
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature <i>Ann Sweeney</i>		Date <b>5/16/2014</b>			



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



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Date of Notification (1) <b>MAY 5, 2014</b>		Name of Building Owner/Operator (2) <b>NEW JERSEY CVS PHARMACY, LLC</b>		Page 1 of 1					
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 <b>ONE CVS DRIVE</b> City, State, Zip Code <b>WOONSOCKET, RI 02895</b> Name of Contact <b>PAUL PHILLIPS</b>					
				Telephone Number <b>5</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>GAS STATION</b>			Type of Facility (4)						
Street Address <b>111 SPEEDWELL AVENUE</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>MORRISTOWN</b>			Square Feet <b>1,500</b>	# of Floors <b>1</b>	Bldg. Age <b>62</b>				
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL SERVICES</b>		ASCN No. <b>00120</b>		Name of Abatement Contractor (9) <b>ACTION REMEDIATION, INC.</b>					
Street Address <b>280 HUYLER STREET</b>		Street Address <b>3010 BURNS AVENUE</b>							
City, State, Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State, Zip Code <b>WANTAGH, NY 11793</b>							
Project Manager for Monitoring Firm <b>ANTON RESIN</b>		Telephone No. <b>201-489-8700</b>		Telephone No. <b>516-781-3000</b>	License No. <b>01138</b>				
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/30/2014</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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		WINDOW GLAZING & CAULK	18 SF	X			
EXTERIOR		X		METAL WALL PANEL CAULK	388 SF	X			
ROOF		X		FLASHING	1,297 SF	X			
Name of Registered Waste Hauler <b>TRI-STATE TRANSFER ASSOCIATES, INC.</b>		NJDEP Waste Hauler ID No. <b>19551</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>				
City, State <b>BRONX, NY</b>				Disposal Date <b>5/30/2014</b>	City, State <b>WAYNESBURG, OH</b>				
Completed by <b>ANN SWEENEY</b>		Title <b>ADM. ASSISTANT</b>		Signature <i>Ann Sweeney</i>		Date <b>5/5/2014</b>			

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
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Date of Notification (1) MAY 16, 2014		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 1 of 1					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895 Name of Contact PAUL PHILLIPS Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) GAS STATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 111 SPEEDWELL AVENUE			Square Feet 1,500 # of Floors 1 Bldg. Age 62						
City (5) MORRISTOWN			County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) COMMERCIAL BUILDING						
County (6) MORRIS		Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES		ASCM No. 00120 Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 280 HUYLER STREET		Street Address 3010 BURNS AVENUE							
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm ANTON RESIN		Telephone No. 201-489-8700		Telephone No. 516-781-3000 License No. 01138					
Start Date (10) 5/21/2014		Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
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Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		WINDOW GLAZING & CAULK	18 SF	X			
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ROOF		X		FLASHING	1,297 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY				Disposal Date 5/30/2014	City, State WAYNESBURG, OH				
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature <i>Ann Sweeney</i>		Date 5/16/2014			



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

Check # 2081

Date of Notification (1) 05 / 16 / 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"/>		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	
Street Address 76 South Street		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) Street Address 101 ALEXANDER 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 bldgs., homes, etc.)	
City (5) PEQUANNOCK	County (6) MORRIS	County Code (7)	Square Feet
Building Age		# Of Floors	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		Street Address LVI Demolition Services Inc.	
City, State, Zip Code Sparta, NJ 07871		32 Williams Parkway City, State, Zip Code	
Project Mng. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Sched. Start Date (10) 05 / 31 / 14		Sched. Completion Date (11) 06 / 02 / 14	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Demolition Services Inc.	
		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"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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  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)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
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 	Date 05/16/14

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

*check 2080*

Date of Notification (1) 05 / 16 / 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		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	
Street Address 12 CORSALO ROAD		City, State, Zip Code Akron, Ohio 44308	
City (5) LAMBERTVILLE		County (6) HUNTERDON	
County Code (7)		Square Feet	
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Current Use (Prior if being demolished)		Building Age	
Telephone Pole		Name of Contact Jim Halsey	
Telephone Number		Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations	
ASCM NO		LVI Demolition Services Inc.	
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code East Hanover, NJ 07036	
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Sched. Start Date (10) 05 / 29 / 14		Sched. Completion Date (11) 05 / 30 / 14	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor LVI Demolition Services Inc.	
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"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <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 <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
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 05/16/14



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

Date of Notification (1) 05 / 15 / 14		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company Job #1405-4760 Check 6276							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Legion Place- Building A						
			City, State, Zip Code Morristown, NJ 07960						
		Name of Contact John T. Greco	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1345 Englishtown Road		Square Feet	# of Floors						
City (5) Old Bridge		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 South Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	License No. 00529						
Start Date (10) 05 / 19 / 14	Scheduled Completion Date (11) 06 / 02 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:00PM/11:30PM- AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,062 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	1,062 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/2/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature Jennifer Piraine		Date 5/15/14			

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

Date of Notification (1) <div style="text-align: center;">5 / 14 / 14</div>		Name of Building Owner/Operator (2) <b>Trustees of Princeton</b> Job #1403-4737, Check #6275							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Trustees of Princeton University, E.A. MacMillan Bldg.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego, P.E.</b>	Telephone Number <b>846</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sayre Hall</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>300 Forrestal Road, Princeton University Forrestal Campus</b>		Square Feet <b>29,000</b>	# of Floors <b>4</b>						
City (5) <b>Princeton</b>		Bldg. Age <b>70+</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates</b>	ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>3 Terri Lane</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Michael R. Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">4 / 02 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 31 / 14</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement. <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM <b>3:30 PM - 12:00 AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
1 <sup>st</sup> through 4 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> through 4 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Asbestos Panels	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Ramp Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/31/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>5/14/14</b>		



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

Date of Notification (1) <div style="text-align: center;">5 / 14 / 14</div>		Name of Building Owner/Operator (2) <b>Newark Community Health Centers, Inc. Job #1206-4508 Check #6274</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>741 Broadway</b> City, State, Zip Code <b>Newark, NJ 07107</b>					
			Name of Contact <b>Business Office</b>		Telephone Number 				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Newark Community Health Center</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>741 Broadway</b>									
City (5) <b>Newark</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Health Center</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>120 North Warren Street</b>				Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Trenton, NJ 08608</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <div style="text-align: center;">5 / 27 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 03 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM- AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>2,720 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>6/3/14</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>5/14/14</b>			

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

Date of Notification (1) <div style="text-align: center;">05 / 12 / 14</div>		Name of Building Owner/Operator (2) <b>Johnson &amp; Johnson / Job #1403-4739 Check #6273</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>410 George Street</b>						
			City, State, Zip Code <b>New Brunswick, NJ 08901</b>						
			Name of Contact <b>Joseph Kmiec</b>	Telephone Number <b>[REDACTED]</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Mercer County Airport</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>1 Pitcairn Avenue</b>		Square Feet <b>37,000 SF</b>	# of Floors <b>1/mezzanine</b>						
City (5) <b>Ewing</b>		Bldg. Age <b>50</b>							
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Airport</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">05 / 12 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">05 / 13 / 14</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <b>3:30PM-12:00AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Managers Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>240 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conference Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>310 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/13/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>5/12/14</b>		



(K# 006156)

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

RECEIVED

D&amp;S Proj. #: 2014-196

Date of Notification (1) 05/10/14		Name of Building Owner/Operator (2) kevin coyle	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 309 COOK AVENUE City, State, Zip Code SCOTCH PLAINS, NJ 07076	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact kevin coyle	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) kevin coyle			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 309 COOK AVENUE			Square Feet		
City (5) SCOTCH PLAINS			County (6) UNION		County Code (7) (State use only)
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 05/22/14		Sched. Completion Date (11) 05/30/42		License Number 01169	
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: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

## Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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		PIPE INSULATION	90 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/23/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 05/09/2014	



2# 006157

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

D&S Proj. #: 2014-197

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2014 MAY 20 PM 8:04

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/5/11/12/14		Name of Building Owner/Operator (2) JOHN FERRARA	
Agencies Notified	Type Notification	Street Address 14 CENTRAL AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code HILLSDALE, NJ 07642	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JOHN FERRARA	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN FERRARA			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 14 CENTRAL AVENUE			Square Feet		
City (5) HILLSDALE			County (6) BERGEN		County Code (7) (State use only)
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 05/27/14		Sched. Completion Date (11) 06/20/14		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)				Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					


Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure					
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input 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)	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		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	70 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/28/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 05/12/2014	



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

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Date of Notification (1) <b>05/15/2014</b>		Name of Building Owner/Operator (2) <b>PPG Industries</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>One PPG Place</b>				
			City, State, Zip Code <b>Pittsburgh, PA 15272</b>				
			Name of Contact <b>Brain Mc Guire</b>				
Telephone Number _____							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Former Commercial Building</b>		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 <b>22 Halladay St.,</b>		Square Feet <b>80,000 SF</b>					
City (5) <b>Jersey City, NJ</b>		# of Floors <b>1</b>	Bldg. Age <b>60+</b>				
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Vacant Commercial Bldg.</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>J &amp; S Environmental Laboratories</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>				
Street Address <b>2333 Rt 22 West</b>		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>					
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>					
Project Manager for Monitoring Firm <b>Sherry Gelsomino</b>		Telephone No. <b>908-206-0073</b>	Telephone No. <b>973-389-0089</b>				
Start Date (10) <b>05/30/2014</b>		Scheduled Completion Date (11) <b>08/30/2014</b>	License No. <b>00693</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>DIA General Construction, Inc.</b>					
		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>					
		City, State, Zip Code <b>Clifton, NJ 07012</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"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) 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
As Attached							
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Cubic Yards of Waste <b>200</b>	Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE</b>		Disposal Date <b>08/30/2014</b>	City, State <b>Waynesburg, OH 44688</b>				
Completed By <b>Krutarth Jagad</b>		Title <b>President</b>	Signature 		Date <b>05/15/2014</b>		

ASB41

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

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2014 MAY 20 PM 8:01

ASBESTOS CONTROL  
& LICENSING**List of Asbestos Containing Materials to be Removed from the Following Location :****Note : Is location normally used by maintenance/custodial : N/A****22 Halladay Street  
Jersey City, NJ**

<b>Location</b>	<b>Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>
Building 1 -Entire Roof	Built-up roofing and all flashing materials	11,700 SF
Building 1 - Roof and warehouse interior	Exhaust pipe and cap	40 LF
Building 1 - Exterior windows	Window Glazing	2,800 LF
Building 2 - Lower and Upper Roofs	Penetration Roof flashing materials	1,920 SF
Building 2 - Upper Roof	Tar/paper coating	25 SF
Building 2 - Upper Roof	Window caulking	100 LF
Building 2 - Top of exterior tanks	Roof coating	350 SF
Building 2- Exterior Tanks	Gasket	20 SF
Building 2-Throught interior	Corrugated pipe insulation	175 LF
Building 2-First floor and Mezzanine	Electrical components	9 SF
Building 2 - Throughout Interior	Ballast Gaskets	6 SF
Building 3 - Roof	Roof flashing materials	2,200 SF
Building 3 - Roof	Window caulk	50 LF
Building 3 - Throught Interior	Pipe Insulation	400 LF



22 Halladay Street  
Jersey City, NJ

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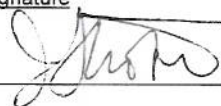
2014 MAY 20 PM 8:01

Location	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Building 3 - Exterior windows	Window glazing	480 LF
Building 3 - Throughout Interior	Ballast gaskets	7 SF
Building 4-Throughout Interior	Pipe fitting insulation	4 LF
Building 4 - Throughout Interior	Corrugated pipe insulation	110 LF
Building 4 - Roof	Roof flashing materials	1,150 SF
Building 4 - Interior-North East corner	Electrical components	1 SF
Building 5 - Throughout interior and on warehouse roof	Pipe fitting insulation	184 SF
Building 5-North interior room, sprinkler room&roof	Electrical components	6 SF
Building 5-Exterior-west	Door caulk	84 LF
Building 5-Lower roof	Roof flashing materials	90 SF
Building 5- Entire mid-level roof	Flashing materials	12,200 SF
Building 5- Upper Roof	Roof flashing materials	550 SF
Building 6- Roof perimeter/parapet walls	Roof flashing materials	1,350 SF
Building 6-Interior above office area	Pipe fitting insulation	8 Fittings
Building 6-Exterior East	Window glazing	34 SF
Building 7- Entire Roof	Built-up roofing&flashing materials	19,000 SF
Building 7-Roof and Interior	Exhaust pipe and cap	40 LF
Building 7- Boys&Girls bathrooms in warehouse,south west warehouse floor	9"x9" Brown Floor Tile	370 SF

CR# 00442844

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

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ASBESTOS CONTROL  
& LICENSING

<u>Date of Notification (1)</u> 05/14/14		<u>Name of Building Owner/Operator (2)</u> LG Electronics	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u> ( ) Initial Notification (X) Amended Certification ( ) Cancelled	<u>Street Address</u> 920 Sylvan Avenue	
		<u>City, State, Zip Code</u> Englewood Cliffs, NJ 07632	
		<u>Name of Contact</u> Steven Yu	<u>Tel. Number</u>
		FACILITY INFORMATION	
<u>Name of Facility Where Abatement is Taking Place (3)</u> LG Electronics		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 111 Sylvan Avenue		Sq. Feet 410,000 # of Floors 2	
<u>City (5)</u> Englewood Cliffs	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 58 Current Use (prior if being demolished) commercial/office
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Omega Environmental Services, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company
<u>Street Address</u> 280 Huyler Street		<u>Street Address</u> 2217 Spillman Dr	
<u>City, State, Zip Code</u> South Hackensack, NJ 07606		<u>City, State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u> Anton Rezin	<u>Telephone Number</u> 201-489-8700	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 05/19/14	<u>Scheduled Completion Date (11)</u> 08/29/14	<u>Name of OSHA Monitor</u> Brandenburg Industrial Service Company	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe _____ (x) Other - Matl discovered during demolition of building		<u>Street Address</u> 2217 Spillman Drive <u>City, State, Zip Code</u> Bethlehem, PA 18015	
<u>Source of Work (Check all that apply)</u> (x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure			
<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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Foundation Walls		Mastic	4,000 LF
Brick Façade			25,000 SF
<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Serv Co	<u>NJDEP Waste Hauler ID #</u> 21838	<u>Cubic Yards of Waste</u> 1500 cy	<u>Name of Reg. Landfill</u> IESI Bethlehem Landfill
<u>City, State</u> Bethlehem, PA		<u>Disp. Date</u> TBD	<u>City, State</u> Bethlehem, PA
<u>Completed by (Print or Type)</u> Jennifer Strobel	<u>Title</u> Contract Administrator	<u>Signature</u> 	<u>Date</u> 05/14/14

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

Telephone 609-984-6620

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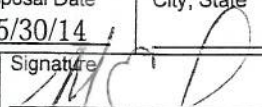
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>5/15/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>CHRIS LIGHT</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>231 MONROE ST.</b>									
City (5) <b>RIVERSIDE</b>		Square Feet <b>11,500</b>	# of Floors <b>2</b>						
County (6) <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>100 YRS</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>									
Start Date (10) <b>6/2/14</b>	Scheduled Completion Date (11) <b>6/23/14</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Necessary operators only</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>1ST &amp; 2ND FLOORS</b>		<b>X</b>		<b>TRASITE FLOOR PANELS, CABINETS &amp; PANELS</b>	<b>3590 SF</b>	<b>X</b>			
<b>2ND FLOOR</b>		<b>X</b>		<b>WINDOW &amp; DOOR CAULKING</b>	<b>420 LF</b>	<b>X</b>			
<b>1ST FLOOR</b>		<b>X</b>		<b>PIPE INSULATION</b>	<b>150 LF</b>	<b>X</b>			
<b>BASEMENT</b>		<b>X</b>		<b>BOILER INSULATION</b>	<b>60 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>60</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>5/15/14</b>			



CK # 24518  
RECEIVED  
MAY 20 PM 8:01

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

Date of Notification (1) <u>5/15/14</u>		Name of Building Owner/Operator (2) <u>Bergen</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>11 Devoe Street</u>	
		City, State, Zip Code <u>South River, NJ</u>	
		Name of Contact <u>Haydee Segura PRAB</u>	
		Telephone Number <u>10</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>11 Devoe Street</u>			
City (5) <u>South River, NJ</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
		Bldg. Age <u>60</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Lou Laureti</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>5/27/14</u>	Scheduled Completion Date (11) <u>5/30/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
			<u>160 lf</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/30/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/16/14</u>



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

CK#24068

Date of Notification (1) <b>5/12/2014</b>			Name of Building Owner/Operator (2) <b>Current Demolition &amp; Disposal Corp. (owners rep)</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>93 Route 539</b>					
			City, State, Zip Code <b>Allentown, NJ 08501</b>					
			Name of Contact <b>Russell Kenny</b>		Telephone Number			
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>GOODRIDGE 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)				
Street Address <b>25 BUD HOLLOW LANE</b>				Square Feet	# of Floors Bldg. Age			
City (5) <b>Willingboro</b>								
County <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>					
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>						
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>		License No. <b>00676</b>				
Start Date (10) <b>5/12/2014</b>	Scheduled Completion Date (11) <b>5/12/2014</b>	Name of OSHA Monitor <b>N/A</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
<b>EXTERIOR</b>		<input checked="" type="checkbox"/>	<b>ASBESTOS SHINGLES</b>	<b>1100 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Jack Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>30 yd</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>5/13/2014</b>		City, State <b>Morrisville, Pa.</b>				
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>			Date <b>5/12/2014</b>			

ASB-41

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

Date of Notification (1) <b>5/15/2014</b>		Name of Building Owner/Operator (2) <b>DAMAGE CLEANUP CREW</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>3034 SYLON BLVD. ( M / A P.O. BOX 29, RANOCAS, NJ)</b> City, State, Zip Code <b>HAINESPORT, NJ 08036</b> Name of Contact <b>DON SMITH</b>
			Telephone Number
	<b>FACILITY INFORMATION</b>		
	Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE 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)
Street Address <b>80 TWIN HILLS DR.</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>WILLINGBORO, NJ</b>		Current Use (Prior if being demolished)	
County <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>	
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>5/15/2014</b>	Scheduled Completion Date (11) <b>5/16/2014</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			
<input checked="" type="checkbox"/> Renovation <input 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 (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>EXTERIOR</b>		<b>X</b>	<b>TRANSITE SIDING</b>
Name of Registered Waste Hauler <b>Jack Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>10 YDS</b>
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>5/19/2014</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Morrisville, Pa.</b>			
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>	Date <b>5/15/2014</b>

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

CK#24099

Date of Notification (1) <b>5/16/2014</b>		Name of Building Owner/Operator (2) <b>ALIANO BOTHERS GENERAL CONTRACTORS, INC.</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>2560 INDUSTRIAL WAY</b> City, State, Zip Code <b>VINELAND, NJ 08360</b> Name of Contact <b>PHILIP ALIANO</b>
			Telephone Number
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) <b>WILDWOOD CREST LIBRARY</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)
Street Address <b>6300 ATLANTIC AVENUE</b>		Square Feet	
City (5) <b>WILDCREST, NJ 08260</b>		# of Floors Bldg. Age	
County <b>CAPE MAY</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
		Street Address <b>15 BLACK FOREST ROAD</b>	
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm		Telephone No. <b>609-890-7110</b>	
Telephone No.		License No. <b>00676</b>	
Start Date (10) <b>5/19/2014</b>		Scheduled Completion Date (11) <b>5/23/2014</b>	
Name of OSHA Monitor <b>N/A</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		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 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"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
CONCRETE FOUNDATION SLAB		<input checked="" type="checkbox"/>	ASBESTOS LINED DUCT
Name of Registered Waste Hauler <b>BLUE DIAMOND</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>5</b>
City, State <b>WOODBINE</b>		Name of Registered Landfill <b>GROWS</b>	
Disposal Date <b>5/19-23/14</b>		City, State <b>Morrisville, Pa.</b>	
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David J. D'Andrea</i>	Date <b>5/16/2014</b>

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

CK#24096

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Date of Notification (1) <b>5/14/2014</b>		Name of Building Owner/Operator (2) <b>Dean Enterprises. (owners rep)</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1535 Route 206</b> City, State, Zip Code <b>Tabernacle, NJ 08088</b> Name of Contact <b>Dean Kramer</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Hoeganaes/Air Products</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)	
Street Address <b>1001 Taylors Lane</b>			
City (5) <b>Cinnaminson, NJ</b>		Square Feet	# of Floors Bldg. Age
County <b>BURLINGTON</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>	
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>5/13/2014</b>	Scheduled Completion Date (11) <b>5/13/2014</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>EXTERIOR</b>			<b>Stored asbestos pipe</b>
Name of Registered Waste Hauler <b>Jack Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>1 yd</b>
City, State <b>Bellmawr, NJ</b>		Name of Registered Landfill <b>GROWS</b>	
		Disposal Date <b>5/15/2014</b>	City, State <b>Morrisville, Pa.</b>
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>	Date <b>5/14/2014</b>

ASB-41

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CK# 1000022210

State of New Jersey

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

Date of Notification (1) 05/11/14		Name of Building Owner/Operator (2) Exxon Mobil Research and Engineering Co.	
Agencies Notified <input checked="" type="checkbox"/> NEPA <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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 1545 US Route 22 East Clinton Twp		City, State, Zip Code Annandale, NJ 08801-3059	
Name of Contact Shift Superintendent		Telephone Number 2014 MAY 20 PM 4:11	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LABORATORY, Central Financial, Prior Plant		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 1545 US Route 22 East Clinton Twp		Square Feet # of Floors Bldg. Age 850000 3 31	
City (5) Annandale	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICES, LABS, Manufacturing
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) New States Contracting, LLC	
Street Address		Street Address 2400 Main St Extension, Suite 10	
City, State, Zip Code		City, State, Zip Code Savageville, NJ 08872	
Project Manager for Monitoring Firm		Telephone Number 732 525 0100	License Number 00749
Scheduled Start Date (10) 05/11/14	Sched. Completion Date (11) 05/13/14	Name of OSHA Monitor TIGER Environmental	
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: <del>LABORATORY VACATED</del>		Street Address 234 20th Ave	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code Brick, NJ 08724	
<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	C	E
LAB 367	X	VAT	1300 SF	X				

Name of Registered Waste Hauler ETGI	NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT OF NY LANDFILL
City, State FLANDERS, NJ	Disposal Date 5.30.14	City, State FARMINGTON, NJ	
Completed By (Print or Type) Rick Baptista	Title Vice President	Signature 	Date 5.14.14



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

Date of Notification (1) <b>5/14/14</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>7 West Seventh Street</b> City, State & Zip Code <b>Cincinnati, OH 45202</b> Name of Contact <b>Tia Wenrich</b>							
		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</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>755 Route 18</b>		Square Feet	# of Floors						
City (5) <b>East Brunswick</b>	County (6) <b>Middlesex</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Retail</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>							
Street Address <b>515 Grove St.</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-656-2875</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>6/3/14</b>	Scheduled Completion Date (11) <b>6/5/14</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>10 PM to 7 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris	1,286 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>¼ Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, Delaware</b>		Disposal Date <b>6/5/14</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>5/14/14</b>		



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

Date of Notification (1) <b>5/14/14</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>7 West Seventh Street</b>							
		City, State & Zip Code <b>Cincinnati, OH 45202</b>							
		Name of Contact <b>Tia Wenrich</b>							
		Telephone Number <b>216-291-1100</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</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>237 Woodbridge Center</b>		Square Feet	# of Floors						
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Retail</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>515 Grove St.</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-656-2875</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>5/29/14</b>	Scheduled Completion Date (11) <b>5/30/14</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>10 PM to 7 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireproofing	5 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>¼ Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, Delaware</b>		Disposal Date <b>5/30/14</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>5/14/14</b>		



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

RECEIVED

Date of Notification (1) <b>5/14/14</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</b>		2014 MAY 20 PM 4:06					
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>7 West Seventh Street</b>		City, State & Zip Code <b>Cincinnati, OH 45202</b>					
		Name of Contact <b>Tia Wenrich</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</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>100 Route 46</b>			Square Feet		# of Floors				
City (5) <b>Wayne</b>	County (6) <b>Passaic</b>	County Code (7)	Bldg. Age						
			Current Use (Prior if being demolished) <b>Retail</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>515 Grove St.</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-656-2875</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>				
Scheduled Start Date (10) <b>6/2/14</b>	Scheduled Completion Date (11) <b>6/3/14</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>10 PM to 7 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>						
			City, State & Zip Code <b>Bristol, PA 19007</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	5 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>¼ Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, Delaware</b>		Disposal Date <b>6/3/14</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>5/14/14</b>		



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

CK# 2619

2014 MAY 20 PM 4:07

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>5/14/14</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>7 West Seventh Street</b> City, State & Zip Code <b>Cincinnati, OH 45202</b> Name of Contact <b>Tia Wenrich</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</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>275 Parsonage Road</b>		Square Feet	# of Floors
City (5) <b>Edison</b>	County (6) <b>Middlesex</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Retail</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	
Street Address <b>515 Grove St.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-656-2875</b>	City, State & Zip Code <b>Bristol, PA 19007</b>
Scheduled Start Date (10) <b>5/28/14</b>		Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Completion Date (11) <b>5/29/14</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>10 PM to 7 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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)
Throughout	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	VAT	5 SF
Throughout	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Debris	5 SF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, Delaware</b>		Cubic Yards of Waste <b>¼ Cu Yd</b>	City, State <b>Waynesburg, OH</b>
Disposal Date <b>5/29/14</b>			
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i> / jfl
		Date <b>5/14/14</b>	



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

(K# 2620)

RECEIVED

Date of Notification (1) <b>5/14/14</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</b>	
Agencies Notified	Type Notification	Street Address <b>7 West Seventh Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Cincinnati, OH 45202</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Tia Wenrich</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>180 Route 35</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Eatontown</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Monmouth</b>		County Code (7)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>515 Grove St.</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-656-2875</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>5/27/14</b>	Scheduled Completion Date (11) <b>5/28/14</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>10 PM to 7 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireproofing	5 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>¼ Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, Delaware</b>	Disposal Date <b>5/30/14</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/14/14</b>



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

**RECEIVED**  
**CK#24097**

Date of Notification (1) <b>5/14/2014</b>		Name of Building Owner/Operator (2) <b>DAMAGE CLEANUP CREW</b>		<b>2014 MAY 20 PM 4:05</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>3034 SYLON BLVD. ( M / A P.O. BOX 29, RANCOCAS, NJ )</b> City, State, Zip Code <b>HAINESPORT, NJ 08036</b> Name of Contact <b>DON SMITH</b>					
			Telephone Number					
	<b>FACILITY INFORMATION</b>							
	Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b> Street Address <b>23 BUD HOLLOW LANE</b> City (5) <b>WILLINGBORO, NJ</b> County <b>BURLINGTON</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) Square Feet # of Floors Bldg. Age				
County Code (7) (STATE USE ONLY) <b>BURLINGTON</b>		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Street Address 		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b> Street Address <b>15 BLACK FOREST ROAD</b> City, State, Zip Code <b>HAMILTON, NJ 08691</b>					
Project Manager for Monitoring Firm Telephone No.		Telephone No. <b>609-890-7110</b>		License No. <b>00676</b>				
Start Date (10) <b>5/14/2014</b>		Scheduled Completion Date (11) <b>5/14/2014</b>		Name of OSHA Monitor <b>N/A</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		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 checked="" 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 (*) & 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
<b>EXTERIOR</b>		<input checked="" type="checkbox"/>	<b>TRANSITE SIDING</b>	<b>1200 sf</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Jack Robinson Waste Disposal</b>			NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>5 yds</b>	Name of Registered Landfill <b>GROWS</b>			
City, State <b>Bellmawr, NJ</b>			Disposal Date <b>5/16/2014</b>	City, State <b>Morrisville, Pa.</b>				
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>		Date <b>5/14/2014</b>			

ASB-41

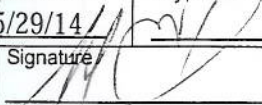
\* Do not use this form for asbestos licensure exempted activities



CK # 2451-7

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

RECEIVED

Date of Notification (1) <u>5/16/14</u>		Name of Building Owner/Operator (2) <u>Palmer Square Management, LLC</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>40 Nassau Street</u>	
		City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Jim Elkington</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>3A 30 Nassau Street</u>		Square Feet <u>15000</u>	# of Floors <u>3</u>
City (5) <u>Princeton</u>		Bldg. Age <u>90</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Apartments/ Retail</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS Inc.</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>5/26/14</u>	Scheduled Completion Date (11) <u>5/29/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Apartment 3A</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/29/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/26/14</u>

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

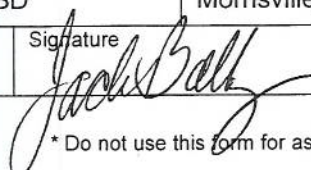
Date of Notification (1) 5/16/14		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 440 Eagle Rock Rd		City, State, Zip Code Roseland, NJ 07068							
Name of Contact Dawn Neville		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook Substation		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 392 Jefferson St		Square Feet n/a	# of Floors n/a						
City (5) Saddle Brook NJ 07663		Bldg. Age n/a							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services						
Street Address n/a		Street Address 17 Old Dock Rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 631-924-8111						
License No. 33039									
Start Date (10) 5/15/14	Scheduled Completion Date (11) 5/15/14	Name of OSHA Monitor same as above							
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 checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior trenching			x	Transite Pipe	20 LFT	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste 1/2 yds	Name of Registered Landfill Wayne Disposal					
City, State 1 Eden Lane, Flanders NJ 07836			Disposal Date 5/23/14	City, State Belleville, MI 48111					
Completed by Michael J DiMaria		Title Project Manager	Signature <i>Michael J DiMaria</i>	Date 5/16/14					



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

<b>Date of Notification (1)</b> <div style="display: flex; justify-content: space-around;"> <span>5 / 19 / 14</span> </div>				<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.			
<b>Agencies Notified</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EPA  <input type="checkbox"/> DEP  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH  <input type="checkbox"/> DCA         </div> <div> <b>Type Notification</b>  <input checked="" type="checkbox"/> Initial Notification  <input type="checkbox"/> Amended Notification  <input type="checkbox"/> Cancellation  <input type="checkbox"/> On Hold  <input type="checkbox"/> EMERGENCY NOTIFICATION         </div> </div>				<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RAHWAY, NEW JERSEY 07065 <b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065 <b>Name of Contact</b> MIKE LATRONICA			
<b>FACILITY INFORMATION</b>				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION <b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 807 <b>City (5)</b> RAHWAY <b>County (6)</b> UNION <b>County Code (7) (STATE USE ONLY)</b>				<b>Square Feet</b> 9,975 <b># of Floors</b> 2 <b>Bldg. Age</b> 35 <b>Current Use (Prior if being demolished)</b> VACANT			
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. <b>Street Address</b> 655 WEST SHORE TRAIL <b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>ASCM No.</b> 17 <b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION <b>Street Address</b> 313 SPOOK ROCK ROAD <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901			
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH <b>Telephone Number</b> 973-729-5649				<b>Telephone Number</b> 845-369-7500 <b>License Number</b> 1101			
<b>Expected State Date (10)</b> 5 / 28 / 14 Month Day Year				<b>Sched. Completion Date (11)</b> 10 / 30 / 14 Month Day Year			
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: MONDAY-FRIDAY 7AM-3:30 PM				<b>Street Address</b> 117 EAST 30TH STREET <b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016			
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>				<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A			
<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>				<b>Amount (Specify SF or LF)</b>			
<b>Abatement Type</b> REMOVAL REPAIR ENCAPSULE ENCLOSURE							
ROOF				BUILT UP ROOFING & FLASHING			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY				<b>NJDEP Waste Hauler ID No.</b> 15939 <b>Cubic Yards of Waste</b> 120 <b>Disposal Date</b> 5/30/14-10/15/14			
<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				<b>Signature</b> [Signature] <b>Date</b> 5/19/14			
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ				<b>Title</b> DIRECTOR OF OPERATIONS			

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

Date of Notification (1) 5/19/14		Name of Building Owner/Operator (2) The Langfan Company							
Agencies Notified	Type Notification	Street Address 119 W. 57th Street, #906							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10019							
		Name of Contact Jennifer Gaboff							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Staples (Former)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 760 Route 33		Square Feet 70,000							
City (5) Hamilton		# of Floors 1	Bldg. Age 40+						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail (unoccupied)							
Name of Monitoring Firm Hired by Building Owner (8) Acer Associates		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1012 Industrial Drive		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code West Berlin, NJ 08091		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Matt DePalma		Telephone No. 856-809-1202	Telephone No. 484-872-8884						
		License No. 01161							
Start Date (10) 6/2/14	Scheduled Completion Date (11) 6/20/14	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7:00 am - 3:00 pm		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Retail Area and Offices			X	Floor Tile Mastic	15,000 SF	X			
Bldg. Seam			X	Caulk	96 LF	X			
Name of Registered Waste Hauler Waste Management of Central NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS via Mercer Scale					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 			Date 5/19/14		



PK # 16532

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

Date of Notification (1) <b>5/16/14</b>		Name of Building Owner/Operator (2) <b>FIRST HARTFORD Realty Corporation</b>							
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 checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>149 Colonial Rd.</b>		City, State, Zip Code <b>Manchester, CT 06045</b>							
Name of Contact <b>TONY Ballanavi</b>		Telephone Number <b>860 381 1111</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Future C/S</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>453 Valley Street</b>		Square Feet <b>26,000</b>							
City (5) <b>Maplewood</b>		# of Floors <b>1</b>							
County (6) <b>Essex County</b>		Bldg. Age <b>23</b>							
County Code (7) (STATE USE ONLY) <b>---</b>		Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>Microtech Contracting Corp</b>							
City, State, Zip Code		Street Address <b>38 Kean St.</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>West Babylon, NY 11704</b>							
Telephone No.		Telephone No. <b>01021</b>							
License No.		Name of OSHA Monitor <b>George Moncayo</b>							
Start Date (10) <b>5/22/14</b>		Scheduled Completion Date (11) <b>10/19/14</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>213 Geneva St, Apt 2</b>							
City, State, Zip Code <b>Elizabeth, NJ 07205</b>									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <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
BSMT - Rest Rm's, Hot Water Heater Rm			X	VAT + Flu Packing	683 SF	X			
1st Fl - Stairway 4			X	VAT, mastic	6811 SF	X			
1st Fl - Sales Fl + Stock			X	Pipe INSUL.	92 LF	X			
1st Fl - Above ceiling			X	Roofing Hard Flashing	20,000 SF	X			
Exterior + Roof			X						
Name of Registered Waste Hauler <b>ATC INC.</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>2 Moriches Middle Island Rd. NY</b>		Disposal Date <b>5/11/14</b>		City, State <b>Wardeshburg, OHIO</b>					
Completed by <b>Vincent Aducci</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>5/11/14</b>			



D&amp;S Proj. #: 2014-200

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

Date of Notification (1) 10/15/13/14		Name of Building Owner/Operator (2) BARBARA Engler	
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 94 MEADOWBROOK ROAD		City, State, Zip Code SHORT HILLS, NJ 07078	
Name of Contact BARBARA Engler		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) BARBARA Engler			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 94 MEADOWBROOK ROAD			Square Feet		
City (5) SHORT HILLS			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 05/29/14		Sched. Completion Date (11) 06/16/14		License Number 01169	
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: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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		PIPE INSULATION	47 L FT	X			
BASEMENT		X		BARE HEATING PIPES	33 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/30/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 05/13/ 2014	



OK # 006154

D&S Proj. #: 2014-203

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

RECEIVED

Date of Notification (1) 10/5/13/14		Name of Building Owner/Operator (2) HEMAND M. PATEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 220 HOOVER AVENUE City, State, Zip Code BLOOMFIELD, NJ 07003	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact HEMAND M. PATEL	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HEMAND M. PATEL			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 220 HOOVER AVENUE			Square Feet # of Floors Bldg. Age		
City (5) BLOOMFIELD		County (6) ESSEX	County Code (7) (State use only)		
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 05/30/14	Sched. Completion Date (11) 06/16/14			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/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 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	501 ft	X			
BASEMENT		X		BARE HEATING PIPES	70 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/02/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/13/2014



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

B & G proj. #: 2014-80

Sub Chapter 8

Check #6540

Date of Notification (1) <u>05/14/14</u>		Name of Building Owner/Operator (2) Newark Housing Authority		2014 MAY 20 PM 5:52	
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 500 Broad Street	
City, State, Zip Code Newark, NJ 07102				Telephone Number	
Name of Contact Janet Abraham					

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Newark Executive Offices (sub chapter 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 500 Broad Street			Square Feet   # of Floors   Bldg. Age		
City (5) Newark, NJ 07102	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Executive Offices		
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 3 Crosswicks Street			Street Address 105 Ryerson Road		
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Michael Hoodak		Phone Number 609-847-2957	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 05/30/2014		Sched. Completion Date (11) 06/01/2014	Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: occupied

Scope of Work (check all that apply)

☐ Demolition   ☒ Renovation   ☒ Full Containment w/negative pressure   ☐ wrap & cut

☒ >3 sf or >3 lf   ☐ ≥160 sf or ≥260 lf   ☐ Mini-enclosure   ☐ Glovebag procedure

☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Chiller Room			X	pipe insulation	140 lf	X			
Chiller Room			X	chiller insulation	40 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2½	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 06/01/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/14/2014



B &amp; G proj. #: 2014-79

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

Check #6543

Date of Notification (1) 05/16/14		Name of Building Owner/Operator (2) Janet Rotter	
Agencies Notified	Type Notification	Street Address 106 Buckingham Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Upper Montclair, NJ 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Janet Rotter	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Janet Rotter			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 106 Buckingham Road			Square Feet		
City (5) Upper Montclair, NJ 07043			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-696-6869	
Scheduled Start Date (10) 05/27/2014		Sched. Completion Date (11) 05/28/2014		License Number 0378	
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: _____				Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☐ Full Containment w/negative pressure      ☒ wrap & cut  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☒ Mini-enclosure      ☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
laundry room			X	pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler area			X	pipe insulation	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1½	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/28/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/16/2014

B &amp; G proj. #: 2014-78

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

Check #6544

Date of Notification (1) 05/16/14		Name of Building Owner/Operator (2) Victoria & Anthony Giaimo		2014 MAY 20 PM 5:41	
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 69 Dumont Street	
				City, State, Zip Code Clifton, NJ 07011	
Name of Contact Victoria & Anthony Giaimo				Telephone Number -	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Victoria & Anthony Giaimo			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 9 Dumont Street			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07011	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 05/27/2014		Sched. Completion Date (11) 05/28/2014	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)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ wrap & cut  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	150 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<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 1½	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/29/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/16/2014