

CHECK #3313

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

RECEIVED


Date of Notification (1) <u>5/29/14</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCJ <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>23 KING ST.</u> City, State, Zip Code <u>ROCKY HAVEN, NJ 08242</u> Name of Contact <u>SAME</u> Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial dwelling, hotel, etc.)	
Street Address <u>133 40TH ST</u>		Square Feet <u>2000</u>	Block Age <u>40+</u>
City (5) <u>SEA FORT CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (8) <u>KLEMM INC.</u>	
Name of Monitoring Firm Hired by Building Owner (9) <u>N/A</u>		Street Address <u>369 S. SPRUE AVE</u>	
Street Address		City, State, Zip Code <u>MAPLE SHADE, NJ 08052</u>	
City, State, Zip Code		Telephone No. <u>856-779-0422</u>	License No. <u>010146</u>
Plate Manager for Monitoring Firm		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Sign Date (10) <u>6/4/14</u>		Scheduled Completion Date (11) <u>6/11/13</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe		Street Address <u>369 S. SPRUE AVE</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 1510 or 2211 <input checked="" type="checkbox"/> 1560 or 2760		City, State, Zip Code <u>MAPLE SHADE, NJ 08052</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, roofing, VAC, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>TRANSITE</u>		Amount (Specify Size) <u>1500#</u> X	
Name of Registered Waste Hauler <u>KLEMM INC.</u>		Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>CIMCMLA</u>
City, State <u>MAPLE SHADE, NJ</u>		Onposal Date	City, State <u>WOODBINE, NJ</u>
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	Date <u>5/29/14</u>

Do not use this form for asbestos abatement exempted activities

NO CK.

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

2014 MAY 23 PM 1:09
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-20-14		Name of Building Owner/Operator (2) Levin Management Corp.							
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 975 US Hwy. 22 West City, State, Zip Code North Plainfield, NJ 07060 Name of Contact Gerald O'Brien Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Blue Star Shopping Center Space 19		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 Route 22 & Bonnie Burn Road		Square Feet 3,120	# of Floors 1						
City (5) Watchung		Bldg. Age 20+yrs.							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) retail store							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00398						
Start Date (10) 6-5-14	Scheduled Completion Date (11) 6-12-14	Name of OSHA Monitor EHS Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 411 Southgate Court, Suite E City, State, Zip Code Mickleton, NJ 08056							
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
Former main gym		<input checked="" type="checkbox"/>		blackmastic	1,100 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Voorhees, NJ		Disposal Date 6-12-14		City, State Morrisville, PA					
Completed by David Rowley		Title Project Manager		Signature 		Date 5-20-14			

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

Check # 8764

Date of Notification (1) Amended May 21, 2014 May 12, 2014		Name of Building Owner / Operator (2) Township of Green Brook	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	111 Greenbrook Road City, State & Zip Code Green Brook, NJ 08812	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Washington Park State House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 16 Rock Road West		Square Feet 5,000	# of Floors 2 + Basement
City (5) Green Brook		Bldg. Age 70	
County (6) Somerset		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	
Street Address 1600 Route 22 East, Ste. 107		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Union, NJ 07083		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	License Number 00817
Scheduled Start Date (10) May 27, 2014	Scheduled Completion Date (11) June 20, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Landing of Basement Staircase			x	Floor Tile & Mastic	8 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date June 23, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date Amended May 21, 2014 May 12, 2014

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

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

Check # 8764

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Washington Park State House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 16 Rock Road West		Square Feet 5,000	# of Floors 2 + Basement
City (5) Green Brook		Bldg. Age 70	
County (6) Somerset		Current Use (Prior if being demolished) Home	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	
Street Address 1600 Route 22 East, Ste. 107		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Union, NJ 07083		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	License Number 00817
Scheduled Start Date (10) May 22, 2014	Scheduled Completion Date (11) June 20, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 50 lf
☐ ≥ 160 sf or ≥ 260 lf


☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Landing of Basement Staircase			x	Floor Tile & Mastic	8 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date June 23, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date May 12, 2014

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) Merck Sharp and Dohme Corporation		
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 # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 126 E. Lincoln Avenue City, State, Zip Code Rahway, NJ 07065 Name of Contact Gerry Stankovitz Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Building 121/121E & 123 Street Address 126 E. Lincoln Avenue				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.)	
City (5) Rahway		Square Feet 115000		# of Floors 4	Bldg. Age 50
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		ASCN No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 655 West Shore Trail		Street Address 8436 Enterprise Avenue			
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Philadelphia, PA 19153			
Project Manager for Monitoring Firm Lisa Liloia		Telephone No. 973-729-5649		Telephone No. 215-365-5810	License No. 1156
Start Date (10) 6 / 02 / 14		Scheduled Completion Date (11) 9 / 26 / 14		Name of OSHA Monitor USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM / PM - AM				Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	N/A		
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<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 Freehold Cartage Inc.		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1200	Name of Registered Landfill Lycoming County RMS
City, State Freehold, NJ		Disposal Date 8/26/2014		City, State Montgomery, PA	
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 	Date 5/15/14

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Building 121			x	Pipe Fittings	4 EA	X			
Building 121			x	Pipe Wrap Cloth	10 LF	x			
Building 121			X	Window Caulking	60 LF	x			
Building 121			X	Transite Window Sill	54 SF	x			
Building 121			X	Window Glazing	10 EA	x			
Building 121			X	Window Sill Caulk	85 EA	x			
Building 121			X	Door Caulk	200 LF	x			
Building 121			X	Roof Coping Stone Caulk	150 LF	x			
Building 121			X	Roofing Tar	24000 SF	x			
Building 121			X	Crawl Space	2000 SF	x			
Building 121E			X	Pipe Fittings	5 EA	x			
Building 121E			X	Transite Table Top	15 SF	x			
Building 121E			X	Water Proofing	400 SF	x			
Building 121E			X	Window/Door Glazing Caulk	63 EA	x			
Building 121E			X	Window Sill Caulk	90 EA	x			
Building 121E			X	Exterior Building Caulk	160 LF	x			
Building 121E			X	Roof Flashing	800 SF	x			
Building 121E			X	Roofing Tar	8200 SF	x			
Building 121E			X	Coping Stone Caulk	130 LF	x			
Building 121E			X	Mastic on Duct	20 SF	x			
Building 123			X	Window Caulk	46 EA	x			
Building 123			X	Door Caulk	80 LF	x			
Building 123			X	Roofing Tar	9500 SF	x			
Building 123			X	Coping Stone Caulk	300 LF	x			

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

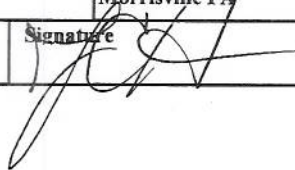
Date of Notification (1) 04/11/14 Month/Day/Year		Name of Building Owner/Operator (2) State of NJ Department of Treasury	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOH	Type Notification	Street Address	
	Initial Notification	50 Barrack Street	
	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code Trenton NJ 08608	
	Cancellation	Name of Contact Craig Cody	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Marlboro Psychiatric Hospital			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 546 Newman Springs Road			Square Feet 0		
City (5) Marlboro Township			County (6) Monmouth County	County Code (7) (STATE USE ONLY)	# of Floors 70+ bldgs
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.			ASCM No. N/A	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 28 North Pennell Road			Street Address 98 laCrue Avenue		
City, State, Zip Code Media, PA 19063			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm David Turotsy			Telephone Number 610-891-0114		Licence Number 1103
Scheduled Start Date (10) 04/28/14 Month/Day/Year		Sched. Completion Date (11) 05/28/15 Month/Day/Year		Name of OSHA Monitor Accredited Environmental Technologies, 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: 7:00 AM - 5:30 PM Other - Describe:			Street Address 28 North Pennell Road City, State, Zip Code Media, PA 19063		

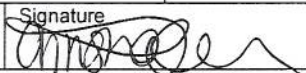
Scope of work (Check all that apply)			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
<input checked="" type="checkbox"/> Demolition >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			<input checked="" type="checkbox"/> Renovation		

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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
see attached sheets									

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3700	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) John Heemer		Title Project Manager	Signature 	Date 5/20/14	

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

RECEIVED

Date of Notification (1) May 20, 2014		Name of Building Owner/Operator (2) Avalon Bay Communities, Inc.							
Agencies Notified	Type Notification	Street Address 517 Route 1 South							
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Iselin, NJ 08830							
		Name of Contact Albert Hromin	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Avalon Princeton		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 253 Witherspoon Street		Square Feet 289,000	# of Floors 7						
City (5) Princeton		Bldg. Age 90							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Former Hospital							
Name of Monitoring Firm Hired by Building Owner (8) EWMA, LLC		ASCM No. N/A	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 5430/100 Misty Lane		Street Address 623 Cutler Ave.							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Craig Gorzyca		Telephone No. 973-560-1400	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) April 14, 2014	Scheduled Completion Date (11) July 31, 2014	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
See attached NESHAPS Survey									
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 30	Name of Registered Landfill GROWS					
City, State Mount Holly, New Jersey 08060		Disposal Date 7/31/2014		City, State Morrisville, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date May 20, 2014		

NO CK.

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

B & G proj. #: 2014-62

Check # N/A

Date of Notification (1) 05/10/14		Name of Building Owner/Operator (2) Daniel Miller	
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 60 Lake Road		City, State, Zip Code Basking Ridge, NJ 07920	
Name of Contact Daniel Miller		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Daniel Miller			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 60 Lake Road			Square Feet # of Floors Bldg. Age		
City (5) Basking Ridge, NJ 07920	County (6) Somerset	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) 05/05/2014		Sched. Completion Date (11) 05/30/2014	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)

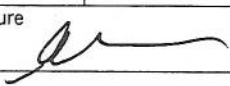
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ Non-friable procedure

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						
crawl space			X	pipe insulation	72 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage area			X	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor bedroom			X	VAT	150 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 05/07/14 - 05/30/14	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/06/2014

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

Check 12896

Date of Notification (1) 5/20/14		Name of Building Owner/Operator (2) Karen Carmean							
Agencies Notified	Type Notification	Street Address 16 Hillside Avenue							
<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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860 Name of Contact Karen Carmean							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 16 Hillside 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) Newton		Square Feet 2200	# of Floors 2						
County (6) Sussex		Bldg. Age 50							
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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 7/21/14	Scheduled Completion Date (11) 8/15/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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 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 (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	20 LF	x			
Basement			x	Boiler insulation	20 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 5/20/14			

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

Check
8948

Date of Notification (1) 2014 MAY 23 PM 1:08		Name of Building Owner/Operator (2) Laurie Schade							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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 83 East Main Street		City, State, Zip Code Marlton NJ 08053							
Name of Contact Laurie Schade		Telephone Number 9							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 83 East Main Street		Square Feet 2							
City (5) Marlton NJ 08053		Bldg. Age							
County (6) Burlington		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) 6-9-14		License No. 00394							
Scheduled Completion Date (11) 6-10-14		Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			Pipe Insulation	220 LF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 3		Name of Registered Landfill Waste Management of PA			
City, State New Egypt NJ		Disposal Date 6-10-14		City, State Morningsville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 5-21-14			

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

Check # 8947

RECEIVED

Date of Notification (1) 5-21-14		Name of Building Owner/Operator (2) Rose Marie Politi						
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 10 Valevue Road		City, State, Zip Code Madison NJ 07940						
Name of Contact Rose Marie Politi		Telephone Number ---						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 10 Valevue Road		Square Feet 2						
City (5) Madison, NJ 07940		Bldg. Age 75+-						
County (6) Morris		Current Use (Prior if being demolished)						
County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365						
Start Date (10) 6-2-14		Scheduled Completion Date (11) 6-2-14						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc						
Street Address P.O. Box 337		City, State, Zip Code New Egypt NJ 08533						
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 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
Basement	x		Pipe Insulation	50 LF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 1		Name of Registered Landfill Waste Management of PA		
City, State New Egypt NJ		Disposal Date 6-3-14		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 5-21-14		

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

check
1581
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Date of Notification (1) 5/11/2014		Name of Building Owner / Operator (2) Jeff Loesser		2014 MAY 23 PM 1:10				
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 844 River Road		City, State & Zip Code Ewing NJ				
		Name of Contact Jeff Loesser		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 844 River Road			Square Feet 3000	# of Floors 2	Bldg. Age 80+			
City (5) Ewing	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL					
Street Address			Street Address 2129 Rt 33					
City, State & Zip Code			City, State & Zip Code Hamilton, NJ					
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-295-1004	License Number 01091				
Scheduled Start Date (10) 5/21/2014		Scheduled Completion Date (11) 5/22/2014		Name of OSHA Monitor EMSL Analytical				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Avenue					
			City, State & Zip Code Westmont, NJ 08108					
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 checked="" 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) 100lf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330		Cubic Yards of Waste 1cubic	Name of Registered Landfill Grows Landfill			
City, State Trenton		Disposal Date Various		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title PM		Signature <i>Rod Richardson</i>		Date 5/11/2014		

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

Cheryl
4591

RECEIVED

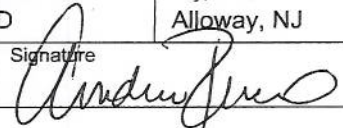
Date of Notification (1) 5/11/2014		Name of Building Owner / Operator (2) Saint-Gobain						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 750 East Swedesford Road City, State & Zip Code Valley Forge PA Name of Contact Tom Yeager				
				Telephone Number 2014 MAY 23 PM 1:11 ASBESTOS CONTROL & LICENSING				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Certainfeed			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 262 New Brooklyn Rd (New Brooklyn/New Freedom)			Square Feet 100000 # of Floors 2 Bldg. Age 80+					
City (5) Berlin	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Demo					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL					
Street Address		Street Address 2129 Rt 33						
City, State & Zip Code		City, State & Zip Code Hamilton, NJ						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-295-1004		License Number 01091			
Scheduled Start Date (10) 5/21/2014		Scheduled Completion Date (11) 6/1/2014		Name of OSHA Monitor EMSL Analytical				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Avenue					
			City, State & Zip Code Westmont, NJ 08108					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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) Roof	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) 2500sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated soil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330		Cubic Yards of Waste 5cubic	Name of Registered Landfill Grows Landfill			
City, State Trenton		Disposal Date Various		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title PM		Signature <i>Rod Richardson</i>		Date 5/11/2014		

OK # 385

Print Form

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


RECEIVED

Date of Notification (1) 5-21-2014		Name of Building Owner/Operator (2) Faith Plowman		2014 MAY 23 PM 1:11					
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 142 Powell Road City, State, Zip Code Woodbine NJ, 08270 Name of Contact Andrew Ricco Telephone Number					
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1000 W Oak Rd			Square Feet 1184						
City (5) Vineland			# of Floors 1		Bldg. Age 90				
County (6) Cumberland		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCN No.		Name of Abatement Contractor (9) Ricco Construction Corp					
Street Address		Street Address 282 Creek Road		City, State, Zip Code Bellmawr, NJ 08031					
City, State, Zip Code		Telephone No. 856-466-6452		License No. 01204					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Andrew Ricco					
Start Date (10) 6-9-2014		Scheduled Completion Date (11) 7-9-2014		Street Address 282 Creek Road					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bellmawr, NJ 08031							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	trasnite siding	1000sf	x			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste 7		Name of Registered Landfill Salem County			
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Andrew Ricco		Title owner		Signature 		Date 5-21-2014			

Emergency


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

CR-410.5 ED

Date of Notification (1) 5/20/14		Name of Building Owner/Operator (2) Gary Raynor Private Home							
Agencies Notified	Type Notification	Street Address 28 Walkill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08097							
		Name of Contact Gary	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gary Raynor Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 Walkill Road		Square Feet 1000 +	# of Floors 1						
City (5) Little Egg Harbor NJ 08097		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/21/14	Scheduled Completion Date (11) 5/23/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/23/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/20/14		

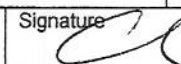
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4107

Date of Notification (1) 5/20/14		Name of Building Owner/Operator (2) Pat Mathis Private Home							
Agencies Notified	Type Notification	Street Address 112 east Mohawk Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08097							
		Name of Contact Pat	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pat Mathis Private Home		Type of Facility (4)							
Street Address 112 east Mohawk Drive		<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) Little Egg Harbor NJ 08097		Square Feet 1000 +	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 5/21/14		Scheduled Completion Date (11) 5/23/14	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<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) <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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/23/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/20/14		

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

CK-41060

Date of Notification (1) 5/20/14		Name of Building Owner/Operator (2) Maureen Tait Private Home							
Agencies Notified	Type Notification	Street Address 4 Tiller Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08097 Name of Contact Maureen							
<div style="text-align: right;">2014 MAY 23 PM 1:29</div> <div style="text-align: center;"> ASBESTOS CONTROL & LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maureen Tait Private Home		Type of Facility (4)							
Street Address 4 Tiller Court		<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) Little Egg Harbor NJ 08097		Square Feet 1000 +	# of Floors 1						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/21/14	Scheduled Completion Date (11) 5/23/14	Name of OSHA Monitor Same							
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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/23/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/20/14		

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

Date of Notification (1) 5-20-14		Name of Building Owner/Operator (2) Jerry Raymond	
Agencies Notified	Type Notification	Street Address 120 Ridgewood Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jerry Raymond	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 2014 MAY 23 PM 1:55	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	ASBESTOS CONTROL	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above		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		Square Feet	# of Floors Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 5-30-14		Sched. Completion Date (11) 6-2-14		Name of OSHA Monitor N/A
Month Day Year 5 30 14		Month Day Year 6 2 14		Street Address
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	230 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-3-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>		Date 5-20-14	

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

Date of Notification (1) 5-19-14		Name of Building Owner/Operator (2) Smita Mehta	
Agencies Notified	Type Notification	Street Address 27 Ridge Terrace	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Short Hills, NJ, 07078	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Smita Mehta	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone 973-411-1741	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-4-14	Sched. Completion Date (11) 6-06-14	Name of OSHA Monitor N/A		
Month Day Year		Month Day Year		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

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 or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	90 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-9-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>	Date 5-19-14		

Project #

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

Check # 2445

Date of Notification (1) 05/19/2014		Name of Building Owner/Operator (2) Washington Township BOE		2014 MAY 23 PM 1:42	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 53 West Mill Road City, State, Zip Code Long Valley, NJ 07853 Name of Contact Burt Horner Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Flocktown School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 90 Flocktown Road			Square Feet		
City (5) Long Valley, NJ			# of Floors		
County (6) Morris			Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd			
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869			
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061		License No. 01133	
Start Date (10) 05/29/2014		Scheduled Completion Date (11) 06/02/2014		Name of OSHA Monitor J& S Environmental	
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: 3pm			Street Address 2333 Rt 22 West		
			City, State, Zip Code Union, NJ 07083		
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 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)
	Yes	No	N/A		
Hallway area		X		TSI	7 LF
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD	
City, State Randolph, NJ		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S	
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>	
				Date 05/19/2014	

B & G proj. #: 2014-62

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

Check #6548

Date of Notification (1) 05/12/14		Name of Building Owner/Operator (2) Daniel Miller		2014 MAY 23 PM 1:45	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 60 Lake Road City, State, Zip Code Basking Ridge, NJ 07920	
Name of Contact Daniel Miller				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Daniel Miller			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 60 Lake Road			Square Feet # of Floors Bldg. Age		
City (5) Basking Ridge, NJ 07920	County (6) Somerset	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) 05/05/2014		Sched. Completion Date (11) 05/22/2014 ***			
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:					

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
crawl space			X	pipe insulation	72 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage area			X	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor bedroom			X	VAT	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st fl kitchen & bathroom***			X	VAT ***	118 sf & 21 sf ***	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor bathroom***			X	linoleum ***	30 sf ***	<input checked="" 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 5	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ 07035		Disposal Date 05/07/14 - 05/22/14		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 05/20/2014		

Emergency

Request for 10 Day Waiver


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

check 5054

Date of Notification (1) 5-20-2014 3 PM 1:47		Name of Building Owner/Operator (2) T. FETT	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Cancellation	Street Address 121 NORTH MAIN STREET City, State, Zip Code BOONTON, N.J. 07005 Name of Contact T. FETT	APPROVED NJ Dept. of Health & Senior Services (Signature) [Signature] Date: 5/20/14 1:11 PM
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) T. FETT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 121 NORTH MAIN STREET		Square Feet 1450	# of Floors 2
City (5) BOONTON		Bldg. Age 119 YRS	
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
Street Address		Best Removal Inc	
City, State, Zip Code		Street Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	Licence No. 00388
Start Date (10) 5-22-2014	Scheduled Completion Date (11) 5-23-2014	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours In Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 or 25 ft <input type="checkbox"/> 100 ft or 200 ft <input type="checkbox"/> Restoration <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mist-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Encapsulated (C) and High-Pressure Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN PLACE (12)	Is Location Entirely Used Solely by Monitoring/Control Staff? (13) Yes No N/A	Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, piping, VAT, or other miscellaneous)	Amount (Specify SF or LF)
BASMENT/GARAGE	X	THERMAL INSULATION	120 LF
Name of Registered Waste Handler Best Removal Inc	NJDEP Waste Handler ID No. 17109	Cubic Yards of Waste 140	Name of Registered Landfill Minerva Enterprises
City, State Hackensack, N.J. 07601	Disposal Date 5-23-14	City, State Waynesburg, Oh	
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 5-20-14

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

check 12907
2014 MAY 23 PM 1:52

Date of Notification (1) 5-19-14		Name of Building Owner/Operator (2) Sam's Mobile Home Park		Street Address Three American Way					
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		City, State, Zip Code Holmdel, NJ 07733					
		Name of Contact Gil Santopadre		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house				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 778 Route 36				Square Feet 2200					
City (5) Hazlet				# of Floors 2					
County (6) Monmouth				Bldg. Age 50					
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) ABS Environmental Services, LLC					
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-583-8500					
Start Date (10) 6-2-14		Scheduled Completion Date (11) 7-2-14		License No. 703					
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:				Name of OSHA Monitor					
				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> 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
Flat roof			x	roof core	3400 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill GROWS			
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 5-19-14			

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

Check # 10919

<u>Date of Notification (1)</u> 05/16/2014		<u>Name of Building Owner/Operator (2)</u> Frank Mattiace	
<u>Agencies Notified</u> (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 68 Hudson Place	
		<u>City, State, Zip Code</u> Weehawken, NJ 07086	
		<u>Name of Contact</u> Frank Mattiace	<u>Tel. Number</u> 6

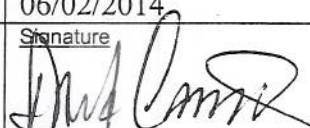
RECEIVED

2014 MAY 23 PM 1:52

ASBESTOS CONTROL & LICENSING

<u>Name of Facility Where Abatement is Taking Place (3)</u> Residence			<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> 68 Hudson Place			Sq. Feet: <u>3000</u> # of Floors <u>2</u> Bldg. Age <u>45</u>	
<u>City (5)</u> Weehawken	<u>County (6)</u> HUDSON	<u>County Code (7) (State Use Only)</u>	Current Use (prior if being demolished) <u>Apartment Building</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ISES, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Industrial Safety and Environmental Solutions, Inc	
<u>Street Address</u> 3300 Hudson Avenue		<u>Street Address</u> 3300 Hudson Avenue		
<u>City, State, Zip Code</u> Union City, NJ		<u>City State, Zip Code</u> Union City, NJ 07087		
<u>Project Manager for Monitoring Firm</u> David Camacho	<u>Telephone Number</u> 917 455-6709	<u>Telephone Number</u> (201) 325-0055	<u>License Number</u> 01124	
<u>Scheduled Start Date (10)</u> 05/29/2014	<u>Scheduled Completion Date (11)</u> 06/02/2014	<u>Name of OSHA Monitor</u> ISES, Inc.		
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other:		<u>Street Address</u> 3300 Hudson Avenue		
		<u>City, State, Zip Code</u> Union City, NJ 07087		

<u>Source of Work (Check all that apply)</u>				
() Demolition (X) Renovation				
() Large Proj. (>160 SF or > 260 LF ACM) (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM)				
() Minor Proj. (< 25 SF or < 10 LF ACM)				
(X) Full Containment with Negative Pressure () Mini-Enclosure () 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 miscnous.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose
Boiler & Storage Room	X	TSI Pipe Insulation	150 LF	X
Boiler Room	X	TSI Boiler Insulation	30 SF	X
Boiler Room	X	Misc - Flue Vent	2 SF	X

<u>Name of Reg. Waste Hauler</u> Newark Carting	<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> 20	<u>Name of Reg. Landfill</u> Cumberland County Landfill
<u>City, State</u> 369 Raymond Blvd, Newark NJ 07105	<u>Disp. Date</u> 06/02/2014	<u>City, State</u> Newburg, PA 17242	
<u>Completed by (Print or Type)</u> David Camacho	<u>Title</u> General Manager	<u>Signature</u> 	<u>Date</u> 05/16/2014

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

Date of Notification (1) 5-19-14		Name of Building Owner/Operator (2) Chris Lawrence	
Agencies Notified	Type Notification	Street Address 157 Morningside Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Verona, NJ, 07044	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Chris Lawrence	
<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) Same as above			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			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-2-14		Sched. Completion Date (11) 6-3-14		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E	E N C L O S U R E
Basement			X	Pipe Insulation	20 lf	X				
				Boiler	16 SF					

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-4-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 5-19-14


MO # 10030042459

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)


RECEIVED

Date of Notification (1): 05/19/2014		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 2 Cedar Street							
		City, State, Zip Code: Newark, NJ 07102							
		Name of Contact: Mr. Benjamin Olagadeyo		Telephone Number: ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION									
Name of Facility Roberto Clemente Elementary School				Type of Facility (4): <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
257 Summer Avenue				Square Feet: # of Floors:					
City/ (5) Newark	County (6): Essex	County Code (7): 07114		Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.			ASCM No.: 0003	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 1253 North Church Street				Street Address: 658 Rutgers Place					
City, State, Zip Code: Moorestown, NJ 08057				City, State, Zip Code: Paramus, NJ 07652					
Project Manager for Monitoring Firm: James A. Guilardi			Telephone No.: 856-840-8800	Telephone No.: (973) 350-0101	License No.: 01215				
Start Date (10): 05/30/14		Scheduled Completion Date (11): 06/01/14		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:				Street Address: 255 West 36th Street, Suite 203					
				City, State, Zip Code: New York, New York, 10018					
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Room B5		X		Pipe Insulation	60 LF	*			
Room B5		X		VAT and Mastic	440 SF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474			Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam			Title: President		Signature: 		Date: 05/19/2014		

Emergency

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

CK 4104

Date of Notification (1) 5/20/14		Name of Building Owner/Operator (2) Angelo Digiovanni Private Home							
Agencies Notified	Type Notification	Street Address 50 Lake Heron							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08097 Name of Contact Angelo							
2014 MAY 23 PM 3:03 ASBESTOS CONTROL & LICENSING									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Angelo Digiovanni Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Lake Heron		Square Feet 1000 +	# of Floors 1						
City (5) Little Egg Harbor NJ 08097		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/21/14	Scheduled Completion Date (11) 5/23/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 5/23/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/20/14			

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

RECEIVED

Date of Notification (1) 5 / 20 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job # 1405-4768 Check # 6303							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University Main Campus - Fine Hall/Math Department		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Road & Prospect Avenue									
City (5) Princeton		Square Feet 160,000	# of Floors 17						
		Bldg. Age 46+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 06 / 09 / 14	Scheduled Completion Date (11) 06 / 30 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Second Floor - Math Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	2,740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/30/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 5/20/14			

OK # 3390

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

Date of Notification (1) 5/22/14		Name of Building Owner/Operator (2) Seaboard Services							
Agencies Notified	Type Notification	Street Address PO Box 248							
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oakhurst, NJ 07712 Name of Contact Gil Newmon							
<div style="text-align: right;"> 2014 MAY 23 PM 5:28 ASBESTOS CONTROL & LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Seaboard Services		Type of Facility (4)							
Street Address 1630 Poplar 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) Oakhurst		Square Feet 12,000	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age +40 years						
Name of Monitoring Firm Hired by Building Owner (8) Finnog Environmental		ASCM No. 100182	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 617 Stokes Road, Suite 4-318		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	License No. 01161						
Start Date (10) 6/9/14	Scheduled Completion Date (11) 6/20/14	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office			X	Floor Tile	1,100 sf	X			
West Section Roof			X	Rolled roofing	4,000 sf	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 25	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date May 22, 2013		

NO CK.

Print Form

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

RECEIVED

Date of Notification (1) 5/20/14		Name of Building Owner/Operator (2) 33 Queens Realty							
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 ONE FLEXON PLAZA		City, State, Zip Code NEWARK, NJ 07102							
Name of Contact ALEX FOLKMAN		Telephone Number 908 23 PM 5:27							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FLEXON INDUSTRIES CORP.		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 ONE FLEXON PLAZA		Square Feet 30,000							
City (5) NEWARK, NJ 07114		# of Floors 2							
County (6)		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) factory							
Name of Monitoring Firm Hired by Building Owner (8) ALLGREEN ENVIRONMENTAL PROJECT DEC		ASCM No. 75649							
Street Address 51 BERKELEY TERRACE		Name of Abatement Contractor (9) E.C. ABATEMENT INC							
City, State, Zip Code IRVINGTON, NJ 07111		Street Address 231-01 LINDEN BLVD.							
Project Manager for Monitoring Firm CHINENYE OBELEAGUE		City, State, Zip Code Cambria Heights, NY 11411							
Telephone No.		Telephone No. (732) 824-9654							
Start Date (10) 5/31/14		License No. 01221							
Scheduled Completion Date (11) 12/1/14		Name of OSHA Monitor LEVENTIS OMOTADE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 231-01 LINDEN BLVD.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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		City, State, Zip Code Cambria Heights, NY 11411							
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
BOILER ROOM		X		TSI Boiler	200 SF	X			
Name of Registered Waste Hauler GENE AULETTA		NJDEP Waste Hauler ID No. 07177		Cubic Yards of Waste 15		Name of Registered Landfill WASTE MANAGEMENT DISPOSAL SERVICES OF PENNSYLVANIA INC.			
City, State 369 RAYMOND BLVD. NEWARK, NJ 07105		Disposal Date 1		City, State 100 NEW FORD HILL RD, PA 19067					
Completed by LEVENTIS OMOTADE		Title OWNER		Signature <i>[Signature]</i>		Date 5/20/14			

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

check # 2085

Date of Notification (1) 05 / 22 / 14		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 1 HEALTH PLAZA City, State, Zip Code EAST HANOVER, NJ 07936 Name of Contact KEN PIROZZI Telephone Number 2014 MAY 23 PM 5:26 ASBESTOS CONTROL	
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			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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.)	
Street Address 1 HEALTH PLAZA			
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Square Feet N/A
			# Of Floors N/A
			Building Age N/A
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		ASCM NO	Current Use (Prior if being demolished) EXTERIOR
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) LVI Demolition Services Inc.	
City, State, Zip Code UNION, NJ 07083		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-688-7800		Telephone Number 973-884-8682	
Sched. Start Date (10) 06 / 20 / 14		License Number 00860	
Sched. Completion Date (11) 06 / 23 / 14			
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: <input checked="" type="checkbox"/> Other - Describe: 5:00pm START		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936	
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 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) 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 B-402	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE	20 LF
	<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 NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i> Date 05/22/14

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

RECEIVED

Date of Notification (1) 5/19/2014		Name of Building Owner/Operator (2) Sunoco Inc. (R&M) - Marcus Hook Refinery							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address Blueball Avenue and Post Road		City, State, Zip Code Marcus Hook, PA 19061							
Name of Contact Mr. Mark Strutz		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sunoco Eagle Point Refinery		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 US Highway 130 South		Square Feet 1,100							
City (5) Westville		# of Floors Outside Work							
County (6) Gloucester		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Refinery							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.							
Street Address 28 Pennell Road		Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.							
City, State, Zip Code Media, PA 19063		Street Address 550 East Union Street							
Project Manager for Monitoring Firm Tony Keir		City, State, Zip Code West Chester, PA 19382							
Telephone No. 610-891-0114		Telephone No. 610-701-9000							
License No. 00508		Name of OSHA Monitor AET, Inc.							
Start Date (10) 6/6/2014		Scheduled Completion Date (11) 6/16/14							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 28 Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crude Unit			X	Thermal Insulation-Tank Bottoms	1,100 SF	X			
Name of Registered Waste Hauler Waste Management of Camden		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 10		Name of Registered Landfill GROWS Landfill			
City, State Camden, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Robert M. Casciato		Title President		Signature		Date 5/19/14			

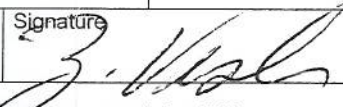
Sunoco Crude Unit

All of the abatement work will be performed outside. Engineering controls will consist of the following:

- Wind breaks (sides only, no top) will be installed around all areas where abatement is taking place.
- The required warning signs will be posted.
- All asbestos materials will be wetted during removal and packaging.
- Asbestos containing materials will be packaged in accordance with regulations and transported by a licensed hauler to an approved landfill.
- Area of abatement will be cleaned of all asbestos debris.
- Daily perimeter monitoring will be performed.
- Final air monitoring will be performed as each phase is complete.

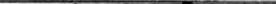
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 05 / 20 / 14		Name of Building Owner/Operator (2) Division of Property Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Rick Ferrera		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		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 12 Weber Avenue		Square Feet							
City (5) Sayreville		# of Floors							
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.							
Street Address 16 West Elizabeth Avenue		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Linden, NJ 07036		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Helen Schwoerer		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 908-862-4301		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 05 / 21 / 14		Scheduled Completion Date (11) 06 / 20 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
City, State, Zip Code Garfield, NJ 07026									
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waterproofing Mastic	1600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement, 1 st and 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	7000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st and 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Top Coat	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting & Future Sanitation Inc.		NJDEP Waste Hauler ID No. 04509 22051		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Newark & Farmingdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 5/20/14			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)
CONTINUATION SHEET-12 Weber Avenue

[illegible]

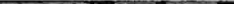
Completed by: (Print or type) Zvonko Veskov	Title: President	Signature: 	Date: 5/20/14
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05 / 20 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		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 15 Weber Avenue		Square Feet # of Floors Bldg. Age							
City (5) Sayreville		County Code (7)(STATE USE ONLY)							
County (6) Middlesex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address 16 West Elizabeth Avenue		Street Address 27 Outwater Lane							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Helen Schwoerer		Telephone No. 908-862-4301	License No. 1188						
Start Date (10) 05 / 21 / 14	Scheduled Completion Date (11) 06 / 20 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Den	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Gypsum Ceiling	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Den-Flue	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fibrous Flue Insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Den-Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting & Future Sanitation, Inc.		NJDEP Waste Hauler ID No. 04509 22051	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark & Farmingdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature <i>Z. Veskov</i>		Date 5/20/14			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)
CONTINUATION SHEET-15 Weber Avenue

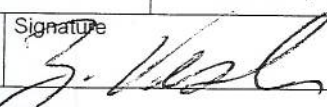
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Completed by: (Print or type) Zvonko Veskov	Title: President	Signature: 	Date: 5/20/14
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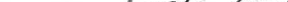
OK 1616

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

RECEIVED

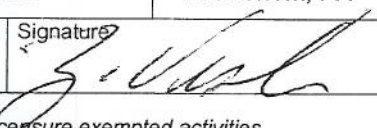
Date of Notification (1) 05 / 20 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		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 19 Weber Avenue		Square Feet							
City (5) Sayreville		# of Floors							
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.							
Street Address 16 West Elizabeth Avenue		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Linden, NJ 07036		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Helen Schwoerer		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 908-862-4301		Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 05 / 21 / 14	Scheduled Completion Date (11) 06 / 20 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1 st Floor and Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Basement Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum and Linoleum Adhesive	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Front Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Floor Tile Adhesive	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interior Porch Along Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting & Future Sanitation, Inc.		NJDEP Waste Hauler ID No. 04509 22051	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark & Farmingdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 5/20/14			

[illegible]

Completed by: (Print or type) Zvonko Veskov	Title: President	Signature: 	Date: 5/30/14
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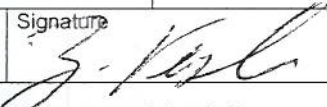
CK 1616

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

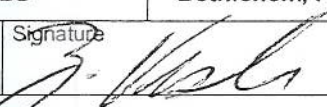
Date of Notification (1) 05 / 20 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street					
		City, State, Zip Code Trenton, NJ 08608		Name of Contact Rick Ferrera					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House			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 20 Weber Avenue			Square Feet						
City (5) Sayreville			# of Floors		Bldg. Age				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 16 West Elizabeth Avenue		Street Address 27 Outwater Lane							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Helen Schwoerer		Telephone No. 908-862-4301		License No. 1188					
Start Date (10) 05 / 21 / 14		Scheduled Completion Date (11) 06 / 20 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 27 Outwater Lane						
			City, State, Zip Code Garfield, NJ 07026						
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
Exterior-Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waterproofing Mastic	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting & Future Sanitation, Inc.		NJDEP Waste Hauler ID No. 04509 22051		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Landfill			
City, State Newark & Farmingdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 5/20/14			

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">05 / 20 / 14</div>		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House				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 24 Weber Avenue				Square Feet # of Floors Bldg. Age					
City (5) Sayreville				County Code (7) (STATE USE ONLY)					
County (6) Middlesex				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 16 West Elizabeth Avenue		Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Garfield, NJ 07026		License No. 1188					
Project Manager for Monitoring Firm Helen Schwoerer		Telephone No. 908-862-4301		Telephone No. 973-928-4888					
Start Date (10) <div style="text-align: center;">05 / 21 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 20 / 14</div>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
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 type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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-Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waterproofing Mastic	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement and 1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Rear Porch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st Floor-Rear Porch Glass Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting & Future Sanitation, Inc.		NJDEP Waste Hauler ID No. 04509 22051		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Landfill			
City, State Newark & Farmingdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 5/20/14			

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

Date of Notification (1) 05 / 20 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Rick Ferrera		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		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 25 Weber Avenue		Square Feet # of Floors Bldg. Age							
City (5) Sayreville		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Middlesex									
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address 16 West Elizabeth Avenue		Street Address 27 Outwater Lane							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Helen Schwoerer		Telephone No. License No. 908-862-4301 973-928-4888 1188							
Start Date (10) 05 / 21 / 14		Scheduled Completion Date (11) 06 / 20 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1 st Floor-Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st Floor and Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st Floor-Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Construction Adhesive	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting & Future Sanitation, Inc.		NJDEP Waste Hauler ID No. 04509 22051		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Landfill			
City, State Newark & Farmingdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskovic		Title President		Signature 		Date 5/20/14			