


CK 12669

16051

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

Date of Notification (1) <u>5</u> / <u>19</u> / <u>16</u>		Name of Building Owner/Operator (2) Boos-Woodbine, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 410 Park Place							
		City, State, Zip Code Clearwater, FL 33759							
		Name of Contact Ben Elbe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Family Dollar Woodbine		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 402 Dehirsch Ave.		Square Feet 2000	# of Floors 2						
City (5) Woodbine, NJ 08270		Bldg. Age 100+							
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Sutherland	Telephone No. 610-891-0114	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) <u>6</u> / <u>6</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>17</u> / <u>16</u>	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>3</u> AM		Street Address 28 N. 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Mastic	5000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Richard Burns & Co		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD	City, State Birdsboro, PA						
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 				Date 5/19/16			

OK 011651

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

2016 MAY 23 AM 12:05
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/18/16		Name of Building Owner/Operator (2) PSE&G								
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 4000 Hadley Road								
		City, State, Zip Code South Plainfield, NJ 07080								
		Name of Contact Dawn Neville	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement Is Taking Place (3) Bayway Switching Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 602 Trenton Ave		Square Feet n/a	# of Floors n/a							
City (5) Elizabeth, NJ 07202		Bldg. Age n/a								
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior If being demolished) Electric Switching Yard								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc.							
Street Address n/a		Street Address 17 Old Dock Rd								
City, State, Zip Code n/a		City, State, Zip Code Yaphank, NY 11980								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01136							
Start Date (10) 5/2/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor same as above								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: work performed during ongoing construction		Street Address n/a								
		City, State, Zip Code n/a								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	
26KV Switching Yard			x	Transite pipe(encased conduit)	2000 LF	x				
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200	Name of Registered Landfill GROWS Landfill North						
City, State Newark, NJ 07114			Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor	Signature <i>Michael J DiMaria</i>				Date 4/18/16			

CK 7852

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

B & G proj. #: 2016-85

Check # 7852

2016 MAY 23 AM 12:00

REGULATORY CONTROL & LICENSING

Date of Notification (1) 10/15/12 10/11/16		Name of Building Owner/Operator (2) Marilyn Garber	
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 [REDACTED]	
	City, State, Zip Code Saddle River, NJ 07458		Telephone Number [REDACTED]
	Name of Contact Marilyn Garber		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Marilyn Garber			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 [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) Saddle River, NJ 07458	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number		Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 06/02/2016	Sched. Completion Date (11) 06/03/2016		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)


<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> 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						
garage			X	pipe (wrap & cut)	7 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ	Disposal Date 06/04/2016		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 05/20/2016

PK 12008

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

Date of Notification (1) 5/20/16		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital								
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 1 RWJ Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Andrew Mastin Telephone Number							
	2016 MAY 23 PM 11:59 ASBESTOS CONTROL & LICENSE NUMBER									
	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 250,000	# of Floors 12							
City (5)		Bldg. Age 50								
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital								
Name of Monitoring Firm Hired by Building Owner (8) Omega		ASCM No.	Name of Abatement Contractor (9) PowRSave							
Street Address 280 Huyler Street		Street Address 27 West Street								
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Bloomfield, NJ 07003								
Project Manager for Monitoring Firm Eddy Montoya		Telephone No. 201-489-8700	Telephone No. 973-680-0088							
License No. 357										
Start Date (10) 4/18/16	Scheduled Completion Date (11) 6/10/16	Name of OSHA Monitor same								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Hospital to remain open but work area completely sealed off</u>		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
Walls and ceiling		X		plaster	2000sf	X				
ceiling		X		pipe insulation	100lf	X				
floor		X		linoleum	1700sf	X				
Name of Registered Waste Hauler ProGreen		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill						
City, State East Brunswick, NJ		Disposal Date		City, State						
Completed by Kevin Stack		Title VP	Signature 				Date 5/20/16			

OK 1248

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

RECEIVED

Date of Notification (1): 5/18/16		Name of Building Owner/Operator (2): YMCA		2016 MAY 23 PM 11:56	
Agencies Notified () EPA () DEP (X) DOL (X) DOH () DCA	Type Notification (X) Initial Notification	Street Address: 50 COLVERT AVE EAST		ASBESTOS CONTROL & LICENSING	
	() Amendment Notification	City, State, Zip Code: EDISON, NJ 08820			
	() Emergency () Cancellation	Name of Contact: SAMANTHA CREANGO	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): YMCA		Type of Facility (4): (X) School (K-12) () Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)			
Street Address: 50 COLVERT AVE EAST					
City & State (5): EDISON, NJ		Square Feet: NA 15,000	# of Floors: 1	Bldg. Age: 50	
County (6): MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): COMMUNITY CENTER		
Name of Monitoring Firm Hired by Building Owner:(8)		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.		
Street Address:		Street Address: 339 N. 6 TH . STREET			
City, State, Zip Code:		City, State, Zip Code: Prospect Park, NJ 07508			
Project Manager for Monitoring Firm:		Telephone No.:	Telephone No.:	License No.:	
			(973) 595-6955	00641	
Start Date (10): 5/27/16	Scheduled Completion Date (11): 5/29/16		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.		
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: 339 N. 6 TH . STREET			
		City, State, Zip Code: PROSPECT PARK, NJ 07508			


Scope of Work (Check all that apply):

() ≥ 3 sf or ≥ 3 lf
(X) ≥ 160 sf or ≥ 260 lf

(X) Renovation
() Demolition

() Full Containment with Negative Pressure
(X) Wrap & Encapsulate
(X) 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	Encapsulat	Enclosure
BOILER ROOM		X		CEILING INSULATION	400 SF			X	
BOILER ROOM		X		FITTINGS	43			X	

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 2	Name of Registered landfill: MINERVA	
City, State: NEW CASTLE, DE		Disposal Date: 5/31/16		City, State: WAYNESBURG, PA	
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature: 	Date: 5/18/16	

CK# 25166

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

2016 MAY 23 PM 11:55

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>5/20/16</u>		Name of Building Owner/Operator (2) <u>St. Paul's School</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>218 Nassau Street</u>	
		City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Lee Brennen</u>	Telephone Number -

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>St. Paul's School</u>		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 <u>218 Nassau Street</u>		Square Feet <u>15000</u>	# of Floors <u>3</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>80+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>

Start Date (10) <u>6/20/15</u>	Scheduled Completion Date (11) <u>6/22/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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 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
<u>Boiler Room</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>50 lf</u>	<input checked="" type="checkbox"/>			
<u>Lower Level Classroom</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>60 lf</u>	<input checked="" type="checkbox"/>			
				<u>(All Wrap and Cut)</u>					

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/22/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/20/16</u>

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

OK 005875

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

D&S Proj. #: 16-150

2016 MAY 23 PM 11:54

DEPT. OF ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 10/15/16		Name of Building Owner/Operator (2) bill golden	
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 [REDACTED]	
		City, State, Zip Code WESTFIELD, NJ 07090	
		Name of Contact bill golden	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) bill golden		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 [REDACTED]		Square Feet	# of Floors
City (5) WESTFIELD	County (6) UNION	Bldg. Age	
		Current Use (Prior if being demolished)	

Name of Monitoring Firm (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code WESTFIELD, NJ 07090		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/07/16	Sched. Completion Date (11) 06/27/16			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT (8 locations)		<input checked="" type="checkbox"/>		duct INSULATION	15 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 06/07/16	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/16/2016	

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

PK 005875

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

D&S Proj. #: 16-151

2016 MAY 23 PM 11:54

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 15 1 16 / 11 16		Name of Building Owner/Operator (2) pat laudicina	
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 [REDACTED]	
		City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact pat laudicina	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) pat laudicina			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 [REDACTED]			Square Feet		
City (5) UNION CITY			County (6) HUDSON		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 05/27/16	Sched. Completion Date (11) 06/10/16			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	230 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yfd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/31/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 05/16/2016

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

CHECK # 9070

MAY 23 11:11 AM '16

Date of Notification (1) 5/20/16		Name of Building Owner/Operator (2) JC REALTY MANAGEMENT	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 263 MOLDAR DR.	
		City, State, Zip Code ELMWOOD PARK, N.J 07407	
		Name of Contact VINCENT CIURCIU	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 [REDACTED]		Square Feet 1,450	# of Floors 2
City (5) CLIFTON		Bldg. Age 150	
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		
City, State, Zip Code		City, State, Zip Code Midland Park, NJ		
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00158	

Start Date (10) 5/31/16	Scheduled Completion Date (11) 6/15/16	Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler St.	
		City, State, Zip Code Hackensack, NJ 07606	

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 ≥ 250 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT			<input checked="" type="checkbox"/>	REMOVE WATER TANK INTAKE	120 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Newark, NJ		Disposal Date 5/31/16		City, State Bethlehem, PA	
Completed by Joseph Vocaturo		Title Vice President	Signature <i>J. Vocaturo</i>		Date 5/20/16

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

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

B & G proj. #: 2016-84

Check # 7854

Date of Notification (1) <u>05/16/2016</u>		Name of Building Owner/Operator (2) Somerset Anchor, LLC	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 101 Crawfords Corner Road			
City, State, Zip Code Holmdel, NJ 07733			
Name of Contact Peter Tisdale		Telephone Number	

2016 MAY 23 PM 11:42
 # ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Former Anchor Glass Facility			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 145 Cliffwood Avenue			Square Feet		
City (5) Cliffwood, NJ 07721			# of Floors		
County (6) Monmouth		County Code (7) (State use only)			
Current Use (Prior if being demolished) Glass Facility			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 05/31/2016		Sched. Completion Date (11) 06/30/2016		Street Address 105 Ryerson 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				City, State, Zip Code LincolnPark, NJ 07035	

- Scope of Work (check all that apply)
- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Upper & Lower Levels			X	Furnace Insulation	4,250 sf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 160		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 05/31/16 - 06/30/16		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 05/16/2016	

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

pg 1

Date of Notification (1) <u>3</u> / <u>11</u> / <u>16</u>		Name of Building Owner/Operator (2) Mount Holly Twp. Board Of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8-5/20/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Levis Dr		City, State, Zip Code Mt. Holly, NJ 08060					
		Name of Contact Bill Buffa				Telephone Number			
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) FW Holbein Middle 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 and commercial buildings, homes, etc.)						
Street Address 331 Levis Dr			City (5) Mt. Holly						
City (5) Mt. Holly			Square Feet	# of Floors	Bldg. Age				
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address PO Box 341		Street Address 1123 BEAVER STREET							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-298-4070	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 4 / 18 / 16	Scheduled Completion Date (11) 5 / 21 / 16		Name of OSHA Monitor BRISTOL 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 - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ 3:00PM-12:00AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" 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 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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings-Wrap and Cut	1,575 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Louver caulk	516 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym, Gym storage, Stage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Vibration Cloth	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 210 & 211	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lab Table tops	144 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) Brian Scaffiro		Title Estimator	Signature <i>Brian Scaffiro / jsl</i>		Date 5/20/16				

ASB-41 **B516010**
MAY 11

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

***** PROJECT ON HOLD 5/23/16**

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

Pg 2

Date of Notification (1) <u>3</u> / <u>11</u> / <u>16</u>		Name of Building Owner/Operator (2) Mount Holly Twp. Board Of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8-5/20/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Levis Dr								
		City, State, Zip Code Mt. Holly, NJ 08060								
		Name of Contact Bill Buffa	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) FW Holbein Middle 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 and commercial buildings, homes, etc.)								
Street Address 331 Levis Dr		Square Feet	# of Floors							
City (5) Mt. Holly		Bldg. Age								
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) MECS, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
Street Address PO Box 341		Street Address 1123 BEAVER STREET								
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-298-4070	Telephone No. 215-788-6040	License No. 00509							
Start Date (10) 4 / 18 / 16	Scheduled Completion Date (11) 5 / 21 / 16	Name of OSHA Monitor BRISTOL 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 - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / 3:00PM-12:00AM		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	
Room 210A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Foom Hood	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Drain Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room 202-208	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue dots	1,760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL						
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688							
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro/jel</i>				Date 5/20/16				

ASB-41
MAY 11

B 516010

*** PROJECT ON HOLD 5/23/16

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

CK 20925

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

RECEIVED
 2016 MAY 23 PM 9:14
 AIR QUALITY CONTROL
 & LICENSING

Date of Notification (1) 5/13/16		Name of Building Owner/Operator (2) DPMC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 326 BAY AVENUE	
		City, State, Zip Code HIGHLANDS BOROUGH, NJ 07732	
		Name of Contact William Byster	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 326 BAY AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 326 BAY AVE		Square Feet	# of Floors
City (5) HIGHLANDS		Bldg. Age 25+	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a	

Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.	
Street Address PO Box 365		Street Address 211 East Essex Ave		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221		
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250	License No. 01172

Start Date (10) 5/13	Scheduled Completion Date (11) 5/23	Name of OSHA Monitor Health & Safety Services, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u>		Street Address PO Box 365		
		City, State, Zip Code Berlin, NJ 08009		

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 checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
THROUGHOUT			X	FLOOR TILE	375 SF	X			
2ND FLOOR BATH/CLOSET				FLOOR TILE	150 SF				

Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill	
City, State 211 East Essex Ave. Linwood, NJ 08221			Disposal Date 5/23/16	City, State Bristol, PA	
Completed by Eric Keys	Title OM	Signature <i>Eric Keys</i>		Date 5/13/16	

~ K 20923

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

RECEIVED
 2016 MAY 23 PM 9:14
 AIR QUALITY CONTROL & LICENSING

Date of Notification (1) 5/13/16		Name of Building Owner/Operator (2) DPMC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 MOUNTAIN VIEW WAY	
		City, State, Zip Code SEA BRIGHT BOROUGH, NJ 07760	
		Name of Contact William Byster	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2 MOUNTAIN VIEW WAY		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 2 MOUNTAIN VIEW WAY		Square Feet	# of Floors
City (5) SEA BRIGHT		Bldg. Age 25+	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a	

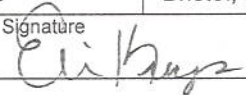
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.	
Street Address PO Box 365		Street Address 211 East Essex Ave		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221		
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250	License No. 01172

Start Date (10) 5/13	Scheduled Completion Date (11) 5/23	Name of OSHA Monitor Health & Safety Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u>		Street Address PO Box 365	
		City, State, Zip Code Berlin, NJ 08009	

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 checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

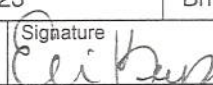
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CHIMNEY			X	TRANSIT PIPE	10 LF	X			
BASEMENT			X	PIPE INSULATION	150 LF	X			
LAUNDRY ROOM			X	VINYL FLOORING/MASTIC	75 SF	X			

Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill	
City, State 211 East Essex Ave. Linwood, NJ 08221			Disposal Date 5/23	City, State Bristol, PA	
Completed by Eric Keys	Title OM	Signature 		Date 5/13/16	

PK 20924

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

RECEIVED
 2016 MAY 23 PM 9:15
 AIR QUALITY CONTROL & LICENSING

Date of Notification (1) 5/13/16		Name of Building Owner/Operator (2) DPMC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 SEA DRIFT AVE City, State, Zip Code HIGHLANDS BOROUGH, NJ 07732 Name of Contact William Byster Telephone Number 						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 40 SEA DRIFT AVE Street Address 40 SEA DRIFT AVE City (5) HIGHLANDS County (6) MONMOUTH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 25+ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc. Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009		ASCM No. _____ Telephone No. 856-452-1311	Name of Abatement Contractor (9) Site Enterprises, Inc. Street Address 211 East Essex Ave City, State, Zip Code Linwood, NJ 08221 Telephone No. 609-567-1250 License No. 01172						
Start Date (10) 5/13	Scheduled Completion Date (11) 5/23	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009							
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 checked="" 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) ROOF	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SHINGLES	Amount (Specify SF or LF) 1,200 SF	Abatement Type Removal Repair Encapsulate Enclosure X			
	Name of Registered Waste Hauler Site Enterprises Inc. NJDEP Waste Hauler ID No. 0035220 City, State 211 East Essex Ave. Linwood, NJ 08221					Cubic Yards of Waste 20 cy Disposal Date 5/23	Name of Registered Landfill Tullytown Landfill City, State Bristol, PA		
Completed by Eric Keys		Title OM	Signature 		Date 5/13/16				