

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

Date of Notification (1) 5/23/14		Name of Building Owner/Operator (2) PSEG		2014 MAY 30 AM 10:00					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 440 Eagle Rock Rd City, State, Zip Code Roseland, NJ 07068 Name of Contact Dawn Neville Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook Substation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 392 Jefferson St			Square Feet n/a # of Floors n/a Bldg. Age n/a						
City (5) Saddle Brook NJ 07663			County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) n/a						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) WRS Environmental Services					
Street Address n/a		Street Address 17 old Dock rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 631-924-8111 License No. 01136					
Start Date (10) 5/21/14		Scheduled Completion Date (11) 5/21/14		Name of OSHA Monitor same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 trenching			x	transite pipe	15 LFT	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071		Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Wayne Disposal				
City, State 1 Eden Lane, Flanders NJ 07863				Disposal Date 5/30/14	City, State Belleville, MI 48111				
Completed by Michael J DiMaria		Title Project manager		Signature <i>Michael J DiMaria</i>		Date 5/23/14			

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

Check # 7503

Date of Notification (1) <b>5/24/14</b>		Name of Building Owner/Operator (2) <b>Hudson County</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation	Street Address <b>595 Newark Ave.</b>	
		City, State, Zip Code <b>Jersey City, NJ 07306</b>	
		Name of Contact <b>Kim Riscart</b>	Telephone Number <b></b>

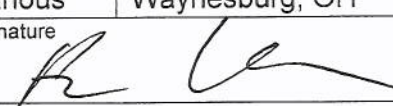
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Hudson County Admin. Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>595 Newark Avenue</b>			Square Feet <b>250000</b>	# of Floors <b>13</b>	Bldg. Age <b>~ 50</b>
City (5) <b>Jersey City</b>	County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office building</b>		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>			Street Address <b>3 Lynn Court</b>		
City, State, Zip Code <b>Cranbury, NJ 08512</b>			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>2/25/13</b>	Sched. Completion Date (11) <b>12/31/14*</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings and/or weekends</u> <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Demolition                    | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf                |  | <input checked="" type="checkbox"/> Mini – Enclosure                        |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input type="checkbox"/> Glovebag Procedure                                 |
|  |  | <input checked="" 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	R	E	N	E
Various – courtrooms, offices		X		Plaster/spray-on ceiling (to be scraped) *	5000 SF	X				
Various – courtrooms, offices		x		Floor tile*	15000 SF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>40</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>TBD/Various</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>5/24/14</b>

ASB-41

\*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.

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

Date of Notification (1) <b>May 27, 2014</b>		Name of Building Owner/Operator (2) <b>DPMC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street</b>	
		City, State, Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>Walter Fernandez</b>	Telephone Number <b>24356</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>44 MacArthur Avenue</b>			Square feet <b>2500 sf</b>		
City <b>Sayreville</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>5/28/14</b>		Scheduled Completion Date (11) <b>6/13/14</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input 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 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)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Caulking	325 lf	X			
Exterior		X		Asbestos siding	1900 sf	X			
2 <sup>nd</sup> floor		X		Asbestos floor tile & mastic	250 sf	X			
1 <sup>st</sup> & 2 <sup>nd</sup> floor		X		Joint compound	2600 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>6/16/14</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>5/27/2014</b>		

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

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



Date of Notification (1) <b>May 27, 2014</b>		Name of Building Owner/Operator (2) <b>DPMC</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>33 West State Street</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <b>Trenton, NJ 08625</b>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <b>Walter Fernandez</b>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>54 Weber Avenue</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Sayreville</b>			County (6) <b>Middlesex</b>		
Square feet <b>2000 sf</b>			# of Floors <b>2</b>		Bldg. Age <b>60</b>
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>5/28/14</b>		Scheduled Completion Date (11) <b>6/13/14</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
			Scope of Work (Check all that apply)		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E 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
1 <sup>st</sup> floor		X		Joint compound	1850 sf	X			
1 <sup>st</sup> floor		X		Asbestos floor tile	10 sf	X			
1 <sup>st</sup> floor & bathroom		X		Adhesive	20 sf	X			
Exterior		X		Caulking	300 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>6/16/14</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>5/27/2014</b>		

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

Date of Notification (1) <div style="text-align: center;">May 27, 2014</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">DPMC <span style="float: right;">RECEIVED 24352</span></div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	33 West State Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Trenton, NJ 08625	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Walter Fernandez	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">38 Weber Avenue</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Sayreville</div>			County (6) <div style="text-align: center;">Middlesex</div>		
Square feet <div style="text-align: center;">2500 sf</div>			# of Floors <div style="text-align: center;">2</div>		
			Bldg. Age <div style="text-align: center;">60</div>		
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Environmental Tactics</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address <div style="text-align: center;">64 Broad Street</div>		Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>			
City, State, Zip Code <div style="text-align: center;">Matawan, NJ 07747</div>		City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>			
Project Manager for Monitoring Firm <div style="text-align: center;">Tom Geiger</div>		Telephone Number <div style="text-align: center;">732-290-2217</div>		License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">5/28/14</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/13/14</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>			
		City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>			
		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> &gt;3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> </div>			
		<div style="display: flex; justify-content: space-between;"> <div> <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         </div> </div>			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="display: flex; justify-content: space-around;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
1 <sup>st</sup> floor		X		Adhesive	5 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">1</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">6/16/14</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature <div style="text-align: center;"><i>Nicholas Fernicola</i></div>	Date <div style="text-align: center;">5/27/2014</div>

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



Date of Notification (1) <b>May 27, 2014</b>		Name of Building Owner/Operator (2) <b>DPMC</b>	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address <b>33 West State Street</b>	
		City, State, Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>Walter Fernandez</b>	Telephone Number <b>6</b>

**RECEIVED**  
**24353**  
**2014 MAY 30 AM 9:58**  
**ASBESTOS CONTROL & LICENSING**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>43 Weber Avenue</b>			Square feet <b>1500 sf</b>		
City <b>Sayreville</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>5/28/14</b>		Scheduled Completion Date (11) <b>6/13/14</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
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 <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ x ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Caulking	375 lf	X			
Exterior		X		Asbestos roofing flashing	40 lf	X			
2 <sup>nd</sup> floor		X		Adhesive	135 sf	X			
2 <sup>nd</sup> floor		X		Mastic	50 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>6/16/14</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>5/27/2014</b>		

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## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) May 27, 2014		Name of Building Owner/Operator (2) DPMC	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ X ] Emergency (including justification) [ ] Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Walter Fernandez	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 47 Weber Avenue			Square feet 2500 sf		
City Sayreville	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 5/28/14	Scheduled Completion Date (11) 6/13/14		Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ x ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ ] Non-Exempted (*) and Non-Friable Procedure	

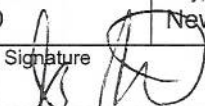
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Foundational waterproofing mastic	1800 sf	X			
1 <sup>st</sup> & 2 <sup>nd</sup> floor		X		Adhesive on studs	3700 sf				

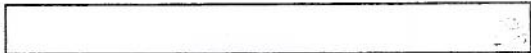
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/16/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/27/2014

\*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 # 21304

Date of Notification (1) 05-22-14		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
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 913 Frank E. Rogers Boulevard South							
		City, State, Zip Code Harrison, NJ 07029							
		Name of Contact Timothy Gallagher	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harrison Path 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 600 Guyon Avenue		Square Feet 5,915	# of Floors 2						
City (5) Harrison		Bldg. Age 76 yrs.							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 06-16-14	Scheduled Completion Date (11) 12-31-14	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roofing & Transite	5,500SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Newburg, PA 17240					
Completed by Joseph Patrick		Title Project Manager	Signature 			Date 05-22-14			



Project #

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

Check # 2482

Date of Notification (1) 05/23/2014		Name of Building Owner/Operator (2) Mariann Higgins	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 15 Stonebridge Rd		City, State, Zip Code Montclair NJ 07042	
Name of Contact Mariann Higgins		Telephone Number ( )	

Name of Facility Where Abatement is Taking Place (3) Private 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 15 Stonebridge Rd			Square Feet		
City (5) Montclair, NJ			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address		Street Address 72 Brookside Rd	
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm		Telephone No. 973-933-2550	
Telephone No.		License No. 01133	

Start Date (10) 06/04/2014	Scheduled Completion Date (11) 06/06/2014	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: _____		Street Address 2333 RT 22
		City, State, Zip Code Union, NJ 07083

Scope of Work (Check All That Apply)		
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Area		X		TSI	300 LF	X			
Basement Area		X		floor tiles	20 SF	X			

Name of Registered Waste Hauler Nick Restoration LLC	NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State Randolph, NJ 07869	Disposal Date TBD	City, State Tullytown, PA	
Completed by Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 05/23/2014

# Emergency

CK # 8952

May 27 2014 07:32am

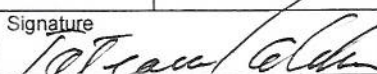
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

APPROVED  
NJ Dept. of Health & Senior Services  
*Paul C. [Signature]*  
(Signature)  
Date: 5/27/14 Time: 7:32AM

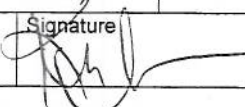
Date of Notification (1) <b>5-27-14</b>		Name of Building Owner/Operator (2) <b>I.W.M. Builders</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2006 2424 Bridge Ave</b>							
		City, State, Zip Code <b>Point Pleasant, NJ 08742</b>							
		Name of Contact <b>Frank Kelly</b>	Telephone Number <b>866</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1007 Tampa Road</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>Forked River NJ 08731</b>		Bldg. Age <b>45+</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>5-28-14</b>	Scheduled Completion Date (11) <b>5-30-14</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 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	Encapsulation	Enclosure
<b>exterior walls</b>			<b>x</b>	<b>Siding Shingles</b>	<b>800 SF</b>	<b>x</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-30-14</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <i>Steve Schenker</i>				Date <b>5-27-14</b>		

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

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

Date of Notification (1) 05/23/14 Ck# 3106 \$200		Name of Building Owner/Operator (2) Mike Grimaldi		2014 MAY 30 AM 11:00					
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 84 Ridgewood Avenue City, State, Zip Code Glen Ridge, New Jersey 07028 Name of Contact Mike Grimaldi Telephone Number 					
<b>FACILITY INFORMATION</b>									
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 84 Ridgewood Avenue			Square Feet 10,000						
City (5) Glen Ridge, New Jersey 07028			# of Floors 2		Bldg. Age 55+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-225-8400 License No. 01104					
Start Date (10) 06/02/14		Scheduled Completion Date (11) 06/09/14		Name of OSHA Monitor J&S Environmental Labs 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: 8 am Start			Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	550 LF	X			
Crawlspace			X	TSI	50 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S Landfill			
City, State				Disposal Date 06/10/14		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature 		Date 05/23/14			

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

Date of Notification (1) <b>5 / 27 / 14</b>		Name of Building Owner/Operator (2) <b>Azure Landings LP c/o Milestone Mgmt. / Job # 1404-1862 Chk. #3587</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>5429 LBJ Freeway Suite 800</b> City, State, Zip Code <b>Dalla, TX 75240</b> Name of Contact <b>Tom DeAngelis</b>							
		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Landings at Pine Lake - Unit 908</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>98 Oak Street</b>		Square Feet <b>788 SF</b>							
City (5) <b>Lindenwold, NJ 08021</b>		# of Floors <b>1</b>							
County (6) <b>Camden County</b>		Bldg. Age <b>45+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Apartment Unit</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No.							
Street Address <b>515 Grove St, Suite 1B</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>3859 Sylon Boulevard</b>							
Project Manager for Monitoring Firm <b>Tom Adams</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Telephone No. <b>856-656-2912</b>		Telephone No. <b>609-702-0400</b>							
License No. <b>00862</b>									
Start Date (10) <b>6 / 9 / 14</b>		Scheduled Completion Date (11) <b>6 / 16 / 14</b>							
Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>ENCLOSURE</i> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Unit 908</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Drywall Joint Compound</b>	<b>50 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>6/17/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>5-27-14</b>			

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

*Check # 2089*

Date of Notification (1) 05 / 30 / 14		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936 Name of Contact KEN PIROZZI Telephone Number 					
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		Square Feet 50,000 # Of Floors 2 Building Age 40+					
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Current Use (Prior if being demolished) BOILER HOUSE				
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.				
Street Address 1600 ROUTE 22 EAST		Street Address 32 Williams Parkway					
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code East Hanover, NJ 07936					
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-688-7800	Telephone Number 973-884-8682				
Sched. Start Date (10) 06 / 20 / 14		Sched. Completion Date (11) 06 / 30 / 14	License Number 00860				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 5:00AM 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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				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
BLDG 710 - BOILER ROOM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill 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 05/30/14		

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

*Check # 2088*

Date of Notification (1) 05 / 16 / 14		Name of Building Owner / Operator (2) First Energy		<b>RECEIVED</b>																	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation																			
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308		<b>2014 MAY 30 PM 12:51</b>																	
Name of Contact Jim Halsey		Telephone Number 610.5 CONTROL & LICENSING																			
<b>FACILITY INFORMATION</b>																					
Name of Facility Where Abatement is Taking Place (3)  Street Address 101 ALEXANDER AVE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)																		
City (5) PEQUANNOCK	County (6) MORRIS	County Code (7)	Square Feet	# Of Floors	Building Age																
			Current Use (Prior if being demolished) Telephone Pole																		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations			ASCM NO LVI Demolition Services Inc.																		
Street Address 655 West Shore Trail			Street Address 32 Williams Parkway																		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code East Hanover, NJ 07036																		
Project Mngr. For Monitoring Firm Dino Nappi			Telephone Number 212-682-9271																		
Scheduled Start Date (10) 06 / 07 / 14		Sched. Completion Date (11) 06 / 14 / 14		Telephone Number 973-884-8682																	
				License Number 00860																	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036																		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																					
Location of Asbestos Containing <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>		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												
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R																		
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		<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"/>
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Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste Disposal Date	Name of Registered Landfill I.E.S.I. City, State BETHLEHEM, PA 18105																		
City, State NEWARK, NJ	Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>	Date 05/30/14																