

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

Name of Building Owner/Operator (2) P.S.E.G.		Date of Notification (1) 11/8/13	
Street Address 4000 HADLEY ROAD		Type Notification Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Cancellation <input type="checkbox"/> Justification <input type="checkbox"/>	
City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080		Name of Contact FOX MAGUILEN	
Name of Facility (4) 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.)		Name of Facility Where Abatement is Taking Place (3) 708 HAMPTON RD PS64G	
City (5) CHERRY HILL		County (6) CAMDEN	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	
Street Address 64 BROAD STREET		City, State, Zip Code MATAMOR, NJ 07747	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Telephone No. 732-432-8350	
License No. 01111		City, State, Zip Code SOUTH RIVER, NJ 08882	
Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882	
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: OUTDOORS		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Somastac Pipe Coating	
Amount (Specify SF or LF) 20 LF		Abatement Type Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input checked="" type="checkbox"/>	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	
City, State ELIZABETH, NJ		Disposal Date TBD	
City, State MORRISVILLE, PA		Signature Carol Raimo	
Completed by CAROL RAIMO		Title OFFICE MGR.	
Date 11/8/13			

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

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2013 NOV 13 PM 2:53
ASBESTOS CONTROL & LICENSING

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Date of Notification (1) 11/8/13		Name of Building Owner/Operator (2) P.S.E.G.		Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080		Name of Contact GEORGE VILARO		Telephone Number	
Agencies Notified		Type Notification		Initial		Amended		Amended #		Emergency (including	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Cancellation <input type="checkbox"/> Justification		Name of Facility Where Abatement is Taking Place (3) PSC*G		Street Address RT. 1 * PIERSON AVE.		City (5) METUCHEN		County (6) MIDDLESEX	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882		Telephone No. 732-292-2217	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217		Telephone No. 732-432-8350		License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.	
Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement		Abatement Performed Outside of Normal Facility Hours		Other - Describe: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882		Scope of Work (Check All That Apply)	
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 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-Frangible Procedure		<input checked="" type="checkbox"/> Abatement Type <input type="checkbox"/> Endorsement <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal		Amount (Specify SF or LF) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location (12) Used Solely by Normally Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is Location Normally Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location (12) Used Solely by Normally Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 20		Name of Registered Landfill GROWS NORTH		City, State MORRISVILLE, PA		Disposal Date 7/8/13	
City, State ELIZABETH, NJ		Title OFFICE MGR.		Signature Carol Raimo		Date 11/8/13		Completed by CAROL RAIMO		Name of Building Owner/Operator (2) P.S.E.G.	

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

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

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Name of Building Owner/Operator (2) St. Luke's - Warren Campus		Date of Notification (1) 11 / 7 / 13	
Street Address 185 Roseberry Street	City, State, Zip Code Phillipsburg, NJ 08865	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amended #002 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Contact Ted Ruff		Name of Monitoring Firm Hired by Building Owner (8) AET	

Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital - Warren Campus		County (6) Warren	
Street Address 185 Roseberry Street	City (5) Phillipsburg, NJ	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) 150000 # of Floors 5 Bldg. Age 60	
Name of Abatement Contractor (9) Alliance Environmental Systems		ASCM No. 00021	

Street Address 550 East Union Street		City, State, Zip Code West Chester, PA 129382	
Telephone No. 610-701-9000		License No. 00508	
Name of OSHA Monitor AET		Schedul Completion Date (11) 11 / 16 / 13	
Street Address 28 N. Pennell Road		City, State, Zip Code Media, PA 19063	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-4:00PM/ PM-1:00AM		Start Date (10) 11 / 15 / 13	

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
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Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	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			
				Enclosure	Encapsulate	Repair	Removal
First Floor - Office/Hallway	<input checked="" type="checkbox"/>	Floor Tile	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor - Office/Hallway	<input checked="" type="checkbox"/>	Floor Tile Mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler N.J.D.E.P. Waste Hauler ID No. 18947		Cubic Yards of Waste .25		Name of Registered Landfill BFI Imperial	
City, State Hazelton, PA		Disposal Date TBD		City, State Imperial, PA	
Completed By (Print or Type) John Heemer		Title Estimator		Signature [Signature] Date 11/7/13	

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

Date of Notification (1): 11/06/13		Name of Building Owner/Operator (2): MR. MIKE SHERIDAN	
Agencies Notified (X) EPA (X) DEP (X) DOL () DOH (X) DCA () Emergency () Cancellation	Type Notification (X) Initial () Amendment () Notification	Street Address: 64 CHESTNUT STREET	Telephone Number: 4
		City, State, Zip Code: RUTHERFORD, NJ 07070	
		Name of Contact: MR. MIKE	

Name of Facility Where Abatement is Taking Place (3): SCHOOL		Type of Facility (4): (X) School (K-12) () Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 339 North 6 th Street		City, State, Zip Code: Prospect Park, NJ 07508	
Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES		ASCM No.: 0004	
Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.		Telephone No.: (973) 595-6955 License No.: 00641	
County (6): HUDSON		County Code (7): (STATE USE ONLY)	
City & State (5): RUTHERFORD		Square Feet: 1A # of Floors: 3 Bldg. Age: NA	
Current Use (Prior if being demolished): SCHOOL		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:		Scheduled Completion Date (11): 12/04/13	
Start Date (10): 11/25/13		Project Manager for Monitoring Firm: MIKE HOODAK	
Scope of Work (Check all that apply): (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf () Renovation () Demolition		Full Containment with Negative Pressure (X) Full Containment with Negative Pressure () Glovebag Procedure () Non-Frangible 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	
LOBBY/OFFICE	X	CEILING PLASTER	490 SF
OFFICE/CLOSET/BOOTH	X	FLOOR TILES	168 SF
THROUGHOUT	X	PIPE/FITTING	31 LF
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.: SW1896	
Name of Registered Landfill: MINERVA ENTERPRISES		Cubic Yards of Waste: 10	
City, State: 339 N. 6 TH STREET PROSPECT PARK, NJ 07508		Disposal Date: 12/5/13	
Completed By: MIKE ALTA DOUKA		Title: PRESIDENT	
Signature:		Date: 11/06/13	

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ASBESTOS CONTROL

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

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Date of Notification (1) 11/7/2013		Name of Building Owner/Operator (2) US Environmental Protection Agency	
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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) US Environmental Protection Agency - Building 256 Street Address 2890 Woodbridge Avenue City (5) Edison County (6) Middlesex	
Name of Monitoring Firm Hired by Building Owner (e) Saban Engineering Group ASCM No. N/A Street Address 171 Windsor Street, Suite 210 City, State, Zip Code Kearny, NJ 07032		Project Manager for Monitoring Firm Stephen Pharael Telephone No. 212-372-0338 Start Date (10) 11/21/2013	
Name of Abatement Contractor (9) DIA General Construction, Inc. Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012		Telephone No. 973-389-0089 License No. 00693 Name of OSHA Monitor DIA General Construction, Inc. Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012	
Name of Facility (4) Type of Facility <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 25000 # of Floors 1 Bldg. Age 63		County Code (7) (STATE) USE ONLY	
FACILITY INFORMATION Name of Contact Joseph Pernice Telephone Number City, State, Zip Code Edison, NJ 08837 Street Address 2890 Woodbridge Avenue			
Name of Facility Where Abatement is Taking Place (3) US Environmental Protection Agency - Building 256 Street Address 2890 Woodbridge Avenue City (5) Edison County (6) Middlesex			
Name of Monitoring Firm Hired by Building Owner (e) Saban Engineering Group ASCM No. N/A Street Address 171 Windsor Street, Suite 210 City, State, Zip Code Kearny, NJ 07032			
Project Manager for Monitoring Firm Stephen Pharael Telephone No. 212-372-0338 Start Date (10) 11/21/2013			
Name of Abatement Contractor (9) DIA General Construction, Inc. Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012			
Telephone No. 973-389-0089 License No. 00693 Name of OSHA Monitor DIA General Construction, Inc. Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012			
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			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Is Location Normally Used Solely by Custodial/Maintenance/Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure			
Bay D Throughout 1st floor 1st Floor Back Room			
Name of Registered Waste Hauler Service Transport Group Hauler ID No. 20990 Cubic Yards of Waste 40 CY City, State New Castle, DE Completed By Krutarth Jagad			
Disposal Date 12/10/2013 City, State Waynesburg, OH			
Signature Date 11/7/2013			

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ASB41

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ASBESTOS CONTROL & LICENSING

2904

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

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2013 NOV 13 PM 2:51
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 11/07/13		Name of Building Owner/Operator Barbara Bennett	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Bennett Residence 134 Lexington Avenue Fair Haven, NJ 07704		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.)	
City (5) Fair Haven, NJ 07704		County (6) Monmouth County	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) DIA General Construction, Inc.	
Street Address 1360 Clifton, Avenue, PMB Suite 218 Clifton, NJ 07012		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-389-0089	
Name of OSHA Monitor DIA General Construction, Inc.		License No. 00693	
Start Date (10) 11/23/2013		Scheduled Completion Date (11) 11/24/2013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1360 Clifton, Avenue, PMB Suite 218 Clifton, NJ 07012	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Clifton, NJ 07012	
Location of Asbestos-Containing Material (ACM) IN Facility TO BE ABATED		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A		Amount (Specify SF or LF) 150 LF	
Basement of the building		Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	
City, State New Castle, DE		Disposal Date 11/24/2013	
City, State Waynesburg, OH		Name of Registered Landfill Minerva Landfill	
Completed By Krutarth Jagad		Title President	
Signature		Date 11/07/13	

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ASB41

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

Date of Notification (1) 11/8/2013		Name of Building Owner / Operator (2) AT&T	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 200 North Warner Road City, State & Zip Code King of Prussia, PA 19406 Name of Contact Eric Frederick Telephone Number 203-309-1300		Name of Facility Where Abatement is Taking Place (3) AT&T Golden Crest Street Address 1300 White Horse-Hamilton Square Rd City (5) Hamilton Square County (6) Mercer County Code (7) 01	
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		Current Use (Prior if being demolished) Hospital Name of Abatement Contractor (9) Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007 Telephone Number (215) 788-6040 License Number 00509	

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8) ACER Associates, LLC Street Address 1012 Industrial Drive City, State & Zip Code West Berlin, NJ 08091 Project Manager for Monitoring Firm Matt DePalma Telephone Number 856-809-1202 Scheduled Completion Date (11) 11/18/2013 Name of OSHA Monitor Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007 Telephone Number (215) 788-6040 License Number 00509		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7AM to 3PM Describe: Facility Occupied During Abatement: 7AM to 3PM	
Scheduled Start Date (10) 11/18/2013 Scheduled Completion Date (11) 11/18/2013 Name of OSHA Monitor Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007 Telephone Number (215) 788-6040 License Number 00509		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf ≥ 260 if <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Solely by Maintenance or Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose <input type="checkbox"/>	
2nd floor equipment room Floor tile and mastic 4 SF		Name of Registered Waste Hauler Bristol Environmental, Inc. City, State Bristol, PA Completed By (Print or Type) Gino Pizzigoni Title Project Manager Signature Gino Pizzigoni Date 11/8/13	

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

Date of Notification (1) 10/29/2013		Name of Building Owner/Operator (2) Cardolite Corporation		Street Address 500 Doremus Ave		City, State, Zip Code Newark, NJ 07105		Name of Contact Ram Barsoum		Telephone Number 201-330-1313	
Agencies Notified		Type Notification		Initial		Amended		Emergency (including Amendment #1)		Justification (Cancellation)	
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> DCA							
Name of Facility Where Abatement is Taking Place (3)											
Cardolite Corporation		Street Address 300 Doremus Avenue		City (5) Newark		County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Type of Facility (4)		School (K-12)		Subchapter 8 (Other than K-12)		Other (i.e. private & commercial buildings, homes, etc.)		Square Feet		# of Floors	
Bldg. Age											
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) / DISPOSAL BY		Street Address 235 Watchung Ave		City, State, Zip Code West Orange, NJ 07052		Telephone No.	
Project Manager for Monitoring Firm		Telephone No.		Telephone No.		License No.		Name of OSHA Monitor		City, State, Zip Code	
Start Date (10) 11/11/2013		Scheduled Completion Date (11) 11/11/2013		Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement		Abatement Performed Outside of Normal Facility Hours		Other - Describe: DISPOSAL ONLY - during normal business hours	
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> DISPOSAL ONLY <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		Enclosure	
Yes		No		N/A		30lf		Removal		Repair	
Disposal of facility component		X		pipe insulation & bag of asbestos		30lf		Encapsulate		Enclosure	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		City, State		West Orange, NJ	
Kielczewski Corporation						Conestoga Landfill		Morgantown, PA		Completed by Slawomir Kielczewski	
Title		President		Signature		Date		11/07/2013			

D&S Proj. #: 2013-424

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2013 NOV 13

Date of Notification (1) 11/10/16/11/13		Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA <input type="checkbox"/> Cancellation (justification)	
Name of Building Owner/Operator (2) allen lloyd		Name of Facility where abatement is taking place (3) allen lloyd	
Street Address 674 Sinclair terrace		City (5) SO. ORANGE	
County (6) ESSEX		County Code (7) (State use only)	
Name of Abatement Contractor (9) D & S RESTORATION, INC.		Name of Monitoring Firm Hired by Bldg. Owner (8) ESSEX	
Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
Telephone Number 973-345-8020		License Number 01169	
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code Paterson, NJ 07503	
Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	

Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <input checked="" type="checkbox"/>		Current Use (Prior if being demolished) Bldg. Age # of Floors Square Feet	
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Name of Facility (4) School (K - 12) <input type="checkbox"/> Subchapter	
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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/11/10 15/11/13	
Name of Building Owner/Operator (2) Lin Qi	
Street Address 205 HAMILTON ROAD	
City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact Lin Qi	
Telephone Number	

<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	
<input type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	
<input type="checkbox"/> DCA		

Name of facility where abatement is taking place (3) Lin Qi		
Street Address 205 HAMILTON ROAD		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)
Current Use (Prior if being demolished) Square Feet # of Floors Bldg. Age		
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.		

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		Telephone Number 973-345-8020	
Phone Number		License Number 01169	
Start Date (10) 11/15/13		Sched. Completion Date (11) 11/28/13	
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> ≥160 sf or ≥260 lf			

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)		Amount (Specify SF or LF)		Hazardous waste E P a c e L o c a t i o n	
PIPE INSULATION		1151 ft		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Full Containment w/negative pressure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Mint-enclosure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Glovebag procedure		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Non-Exempted (*) and Non-triable procedure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/18/13		City, State TULLYTOWN, PA		Signature 11/05/2013	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Date 11/05/2013		Do not use this form for asbestos licensure exempted activities.	

Date of Notification (1)		Name of Building Owner/Operator (2)		US Military		Date of Notification (1)		Name of Building Owner/Operator (2)		US Military	
Agencies Notified		Type Notification		Initial		Amended		Amended # 1		Emergency (including Cancellation)	
EPA		Initial		Initial		Amended		Amended # 1		Emergency (including Cancellation)	
DEF		Initial		Initial		Amended		Amended # 1		Emergency (including Cancellation)	
DOL		Initial		Initial		Amended		Amended # 1		Emergency (including Cancellation)	
DOH		Initial		Initial		Amended		Amended # 1		Emergency (including Cancellation)	
DCA		Initial		Initial		Amended		Amended # 1		Emergency (including Cancellation)	
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)		Type of Facility (4)		Type of Facility (4)		Type of Facility (4)		Type of Facility (4)	
Picatinny Arsenal- US Military Base		School (K-12)		School (K-12)		School (K-12)		School (K-12)		School (K-12)	
Street Address		604 E. Picatinny Road		604 E. Picatinny Road		604 E. Picatinny Road		604 E. Picatinny Road		604 E. Picatinny Road	
City (5)		Rockaway Township, NJ		Rockaway Township, NJ		Rockaway Township, NJ		Rockaway Township, NJ		Rockaway Township, NJ	
County (6)		Morris County		Morris County		Morris County		Morris County		Morris County	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		ASCM No.		ASCM No.		ASCM No.		ASCM No.	
Health & Safety Services, Inc.		Name of Abatement Contractor (9)		Name of Abatement Contractor (9)		Name of Abatement Contractor (9)		Name of Abatement Contractor (9)		Name of Abatement Contractor (9)	
Street Address		815 12th Street		815 12th Street		815 12th Street		815 12th Street		815 12th Street	
City, State, Zip Code		Hammononton, NJ 08037		Hammononton, NJ 08037		Hammononton, NJ 08037		Hammononton, NJ 08037		Hammononton, NJ 08037	
Project Manager for Monitoring Firm		Telephone No.		Telephone No.		Telephone No.		Telephone No.		Telephone No.	
Jim Proctor		609-704-8850		609-704-8850		609-704-8850		609-704-8850		609-704-8850	
Start Date (10)		Scheduled Completion Date (11)		Scheduled Completion Date (11)		Scheduled Completion Date (11)		Scheduled Completion Date (11)		Scheduled Completion Date (11)	
11/04/13		11/22/13		11/22/13		11/22/13		11/22/13		11/22/13	
Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement		Facility Closed/Vacated During Entire Period of Abatement		Facility Closed/Vacated During Entire Period of Abatement		Facility Closed/Vacated During Entire Period of Abatement		Facility Closed/Vacated During Entire Period of Abatement	
Abatement Performed Outside of Normal Facility Hours		Other - Describe:		Other - Describe:		Other - Describe:		Other - Describe:		Other - Describe:	
Scope of Work (Check All That Apply)		Full Containment with Negative Pressure		Full Containment with Negative Pressure		Full Containment with Negative Pressure		Full Containment with Negative Pressure		Full Containment with Negative Pressure	
Renovation		Demolition		Demolition		Demolition		Demolition		Demolition	
≥ 3 sf or ≥ 3 lf		≥ 160 sf or ≥ 260 lf		≥ 160 sf or ≥ 260 lf		≥ 160 sf or ≥ 260 lf		≥ 160 sf or ≥ 260 lf		≥ 160 sf or ≥ 260 lf	
Location of Asbestos-Containing Material (ACM)		Is Location Normally Used Solely by Custodial Staff? (12)		Is Location Normally Used Solely by Custodial Staff? (12)		Is Location Normally Used Solely by Custodial Staff? (12)		Is Location Normally Used Solely by Custodial Staff? (12)		Is Location Normally Used Solely by Custodial Staff? (12)	
In Facility (13)		Yes		Yes		Yes		Yes		Yes	
TO BE ABATED		No		No		No		No		No	
Window Caulking		Window Caulking		Window Caulking		Window Caulking		Window Caulking		Window Caulking	
Amount (Specify SF or LF)		250 LF		250 LF		250 LF		250 LF		250 LF	
Removal		Repair		Repair		Repair		Repair		Repair	
Encapsulate		Enclosure		Enclosure		Enclosure		Enclosure		Enclosure	
Abatement Type		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		NJDEP Waste Hauler ID No.		NJDEP Waste Hauler ID No.		NJDEP Waste Hauler ID No.		NJDEP Waste Hauler ID No.	
Site Enterprises, Inc.		0035220		0035220		0035220		0035220		0035220	
City, State		Disposal Date		Disposal Date		Disposal Date		Disposal Date		Disposal Date	
Hammononton, NJ		Various		Various		Various		Various		Various	
City, State		Tullytown, PA		Tullytown, PA		Tullytown, PA		Tullytown, PA		Tullytown, PA	
Completed by		Title		Title		Title		Title		Title	
Kati DiNatale		Office Manager		Office Manager		Office Manager		Office Manager		Office Manager	
Signature		Date		Date		Date		Date		Date	
11/13/13		11/13/13		11/13/13		11/13/13		11/13/13		11/13/13	

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

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2013 NOV 13 PM 2:20
ASBESTOS CONTROL & LICENSING

No
Quick

22/02/2020

Date of Notification (1) 11 / 12 / 13	Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Cancellation	Name of Building Owner/Operator (2) Verizon	Street Address 621 William Street	City, State, Zip Code East Orange, NJ 07017	Name of Contact Alex Baylor	Telephone Number
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

RECEIVED
2013 NOV 13 PM 2:17
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/08/13		Name of Building Owner/Operator (2) Frank Dillippi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial x <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 13 High Ridge Rd	Name of Contact Jim Runyon
		City, State, Zip Co Cherry Hill, NJ 08003	Telephone Number

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.)	
City (5) Bellmawr	Square Feet 868	# of Floors 1	Bldg. Age 60
County (6) Camden	Current Use (prior if being demolished) USE ONLY (STATE)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental
Street Address 760 Pulaski Highway		City, State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333	Telephone Number (302) 322-8946
Scheduled Start Date (10) 11/25/13	Scheduled Completion Date 11/25/13	Name of OSHA Monitor County 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 - Other - Describe:		Street Address 461 New Churchmans Rd.	City, State, Zip Code New Castle, DE 19720

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Exterior Amount (Specify SF or LF) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
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Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Transite siding	1,050 SF	X	Removal	Repair	Encapsulate	Enclosure	Abatement Type

Name of Reg. Waste Hauler NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Reg. Landfill Minerva
City, State New Castle DE	Disposal Date TBA	City, State Waynesburg OH	Signature [Signature]
Completed by Benjamin Hodgdon	Title PM	Date 11/08/13	

Check #6251

13 PM 2:53
ASBESTOS CONTROL & LICENSING

Date of Notification (1)		11/11/10 8/11 3	
Name of Building Owner/Operator (2)		Etai Har-Ei	
Street Address		10 Shawnee Road	
City, State, Zip Code		Randolph, NJ 07869	
Name of Contact		Etai Har-Ei	
Telephone Number			

Agencies Notified	<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Type Notification
	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Cancellation
	<input checked="" type="checkbox"/> DOL		
	<input checked="" type="checkbox"/> DOH		
	<input type="checkbox"/> DCA		

FACILITY INFORMATION

Name of facility where abatement is taking place (3)		Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No		Name of Abatement Contractor (9)	
Etai Har-El		County (6)		County Code (7)		residential	
10 Shawnee Road		Essex		(State use only)		Current Use (Prior if being demolished)	
Street Address		City (5)		Short Hills		Square Feet	
						# of Floors	
						Bldg. Age	
						Type of Facility (4)	
						<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc. <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> School (K - 12)	

Name of monitoring firm hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
N/A				B & G Restoration, Inc.	
Street Address		City, State, Zip Code		105 Ryerson Road	
				Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number	
				License Number	
				0378	
Scheduled Start Date (10)		Sched. Completion Date (11)		Name of OSHA Monitor	
11/19/13		11/20/13		B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Facility closed/vacated during entire period of abatement.		Street Address	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		<input type="checkbox"/> Abatement performed outside of normal facility hours.		105 Ryerson Road	
Describe:		Other-Describe:		City, State, Zip Code	
				Lincoln Park, NJ 07035	
Scope of Work (check all that apply)					

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	<input type="checkbox"/> Glovebag procedure	<input type="checkbox"/> wrap & cut
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Location of asbestos-containing material 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)	Amount (Specify SF or LF)	Room	Area	Enclosure	Location
basement main room				X	VAT	500 sf				
basement steps & landing				X	VAT	39 sf				
boiler room				X	VAT	140 sf				
bathroom				X	VAT & mastic	55 sf				
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill							

City, State Lincoln Park, NJ 07035	Disposal Date 11/21/2013	City, State Tuliytown Resource & Recovery Center
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>
Date 11/08/2013		