

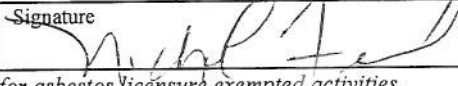
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH# 23076

Date of Notification (1) September 10, 2012		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
Agencies Notified	Type of Notification	Street Address	NOV 18 2013
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 188	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Spring Lake, NJ 07762	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	
		Richard Hyde	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 405 Washington Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Spring Lake			County (6) Monmouth		
			County Code (7) (STATE USE ONLY)		
Square feet 2300 sf		# of Floors 2		Bldg. Age 103	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/15/2013		Scheduled Completion Date (11) 11/18/2013		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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		Asbestos siding	2950 sf	X			
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 11/19/2013		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 11/14/2013		

*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)

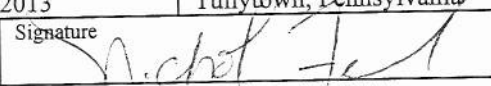
Ch# 23079

Date of Notification (1) 11/14/2013		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce Corliss	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 4909 Long Beach Blvd.			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Brant Beach			Square feet 1600 sf		
			# of Floors 1		
County (6) Ocean			Bldg. Age 51		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 11/27/2013			License Number 00624		
Scheduled Completion Date (11) 11/29/2013			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input 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) 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, house		X		Asbestos siding	1150 sf	X			
Exterior, garage		X		Asbestos siding	600 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 12/02/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/14/2013

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


ck# 23077

Date of Notification (1) November 14, 2013		Name of Building Owner/Operator (2) J & G Realty Associates	
Agencies Notified	Type of Notification	Street Address	NOV 18 2013
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	490 Burlington Rd.	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment #	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Freehold, NJ 07728	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	
		Jerry Pelligrini	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 550 Whiting Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Manasquan			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 71	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 11/15/2013	Scheduled Completion Date (11) 11/18/2013	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Piscataway, New Jersey 08854			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe					
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V 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		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/19/2013	City, State Talltown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/14/2013

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

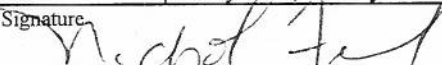
CL# 23080

Date of Notification (1) 11/14/2013		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce Corliss	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 5505 Bayview Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Brant Beach			County (6) Ocean		
			County Code (7) (STATE USE ONLY)		
Square feet 1300 sf			# of Floors 2		Bldg. Age 49
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		License Number
Scheduled Start Date (10) 11/27/2013			Scheduled Completion Date (11) 11/29/2013		Name of OSHA Monitor E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<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		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

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	E N C L O S U R E
Exterior		X		Asbestos siding	1350 sf	X			

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 12/02/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/14/2013

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

Date of Notification (1) Nov 12/2013		Check# 2531		Name of Building Owner/Operator (2) St Rose of Lima Parish		NOV 18 2013	
Agencies Notified		Type Notification		Street Address 11 Grey Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ 07107			
				Name of Contact Rev Joseph Kwiatkowski			

Name of Facility Where Abatement is Taking Place (3) St Rose of Lima Church			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 11 Gray Street			Square Feet 40,000	# of Floors 1	Bldg. Age 80+
City (5) Newark, NJ 07107			Current Use (Prior if being demolished) Church		
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) EA Services Corporation	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services			ASCM No. _____		Street Address 426 69th Street
Street Address 280 Huyler Street			City, State, Zip Code Guttenberg, NJ 07093		
City, State, Zip Code Hackensack, NJ 07606			Telephone No. 201-295-1700		License No. 01074
Project Manager for Monitoring Firm _____			Telephone No. 201-481-6209		
Start Date (10) 11/12/2013		Scheduled Completion Date (11) 11/13/2013		Name of OSHA Monitor EA Services Corporation	
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: Starting @ 7:00 PM					
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

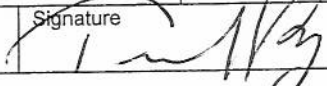
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Corridor & Kitchen Area		X		Pipe insulation-wrap&cut	14 LF	X			

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management	
City, State PO BOX 5010, Freehold, NJ		Disposal Date tbd	City, State Tullytown Landfillq		
Completed by Gina Salvador		Title Office Manager	Signature <i>Bluas</i>		Date 11/12/13

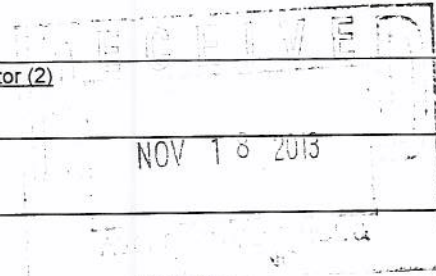
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9965

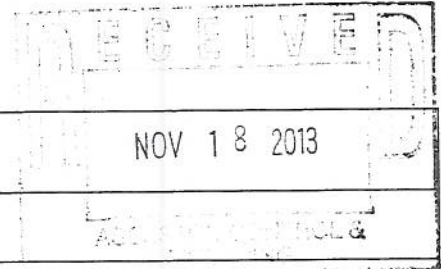
Date of Notification (1) 11-12-13		Name of Building Owner/Operator (2) NJ T.A.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <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 581 Main Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Erika Vargas-Garrison						
			NOV 18 2013						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oceanview Travel Plaza		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Garden State Pkwy. MP 18		Square Feet 16,000	# of Floors 2						
City (5) Ocean View		Bldg. Age 60+ yrs.							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Travel Plaza							
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 307 N. Walnut Street		Street Address 923 Haws Avenue							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610-431-7545	Telephone No. 610-239-9920						
Start Date (10) 11-18-13		Scheduled Completion Date (11) 11-27-13	License No. 00398						
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 Plymouth Environmental Co., Inc.							
		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement		x		vapor seal	300 SF	x			
basement		x		window glazing	32 SF	x			
basement		x		fire doors	250 SF	x			
1st Floor		x		pipe insulation	60 LF	x			
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 3	Name of Registered Landfill Cape May County Landfill					
City, State Bellmawr, NJ		Disposal Date 11-27-13		City, State Woodbine, NJ					
Completed by Timothy E. Bryan		Title Vice-President		Signature 				Date 11-12-13	

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



Date of Notification (1) Nov 12, 2013		Name of Building Owner/Operator (2) PSEG Fossil, LLC	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled		Street Address 80 Park Plaza
			City, State, Zip Code Newark, NJ 07102-4109
			Name of Contact Tina Morollo
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSEG Sewaren-Switch		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 751 Cliff Road		Sq. Feet _____ Switch Yard _____ # of Floors _____ Ground _____	
City (5) Sewaren	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age outside Current Use (prior if being demolished) Electric Generating Station
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolute Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City, State, Zip Code Florham Park, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Nov 27, 2013	Scheduled Completion Date (11) Jan 31, 2014	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Outside Laydown Area		Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Switch Yard-	X	Transite under ground	200 lf
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 30
City, State Elizabeth, NJ 07114-2436		Disp. Date	Name of Reg. Landfill Tullytown Resource Recovery
City, State Tullytown, PA 19007			
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 11/12/13

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



Date of Notification (1) 10 / 29 / 13		Name of Building Owner/Operator (2) Cumberland County College	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-11/12/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3322 College Dr.	
		City, State, Zip Code Vineland, NJ 08360	
		Name of Contact Phyllis Siedner	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Cumberland Co. College-Administration Bldg.		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 3322 College Dr			
City (5) Vineland	Square Feet 20000	# of Floors 1	Bldg. Age 50+
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 11 / 8 / 13	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	3,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Brian Scaffiro	Title Estimator	Signature <i>Brian Scaffiro</i>	Date 11/12/13		

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

CR# 2515

Date of Notification (1) 10 / 29 / 13		Name of Building Owner/Operator (2) Cumberland County College							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 8435 <input checked="" type="checkbox"/> DHSS 8442 <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 3322 College Dr.							
		City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Phyllis Siedner							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cumberland Co. College-Administration Bldg.		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 3322 College Dr		Square Feet 20000	# of Floors 1						
City (5) Vineland		Bldg. Age 50+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 11 / 8 / 13	Scheduled Completion Date (11) 11 / 13 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	3,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>			Date 10/29/13				

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

Date of Notification (1) 11/13/13 CK#2901 \$200		Name of Building Owner/Operator (2) Morris Union Jointure Commission							
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 340 Central Avenue							
		City, State, Zip Code New Providence, New Jersey 07974							
		Name of Contact Eric Hammerdahl							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris Union Jointure Commission Developmental Center		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 340 Central Avenue		Square Feet 20,000	# of Floors 2						
City (5) New Providence, New Jersey 07974		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Developmental Center							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 611 Industrial Way West		Street Address 606 McBride Avenue							
City, State, Zip Code Eaton, New Jersey 07724		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Pat Lorimer		Telephone No. 732-380-1700	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 11/22/13	Scheduled Completion Date (11)	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) 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
Boiler Room	X			Boiler Insulation	16 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 11/29/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 11/13/13					

MO#20613945431

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">11 / 13 / 13</div>		Name of Building Owner/Operator (2) Anna T. Alexander	
Agencies Notified <input 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 555 Center Street City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Anna T. Alexander	
		<div style="text-align: right;">NOV 18 2013</div>	

FACILITY INFORMATION

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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 555 Center Street City (5) South Orange, NJ 07079		Square Feet	# of Floors
County (6) Essex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 11 / 23 / 13	Scheduled Completion Date (11) 11 / 24 / 13	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 		Date 11/13/2013	

ASB-41

MAY 11

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

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

CR 47:69

Date of Notification (1) 11-12-13		Name of Building Owner/Operator (2) M. ZAI FERT	
Agency 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 621 DOREMUS AVENUE	
		City, State, Zip Code GLEN ROCK, NJ 07452	
		Name of Contact M. ZAI FERT	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) M. ZAI FERT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 621 DOREMUS AVENUE		Square Feet 1900	# of Floors 2
City (5) GLEN ROCK		Bldg. Age 79 YRS	
County (5) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (6)		Name of Abatement Contractor (8)	
Street Address		Street Address 450 S. River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 11-21-13	Scheduled Completion Date (11) 11-22-13	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 5 lf <input type="checkbox"/> ≥ 100 sf or ≥ 200 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"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fixable 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 system insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT		X	VAT
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11240
City, State Hackensack, N.J. 07601		Disposal Date 11-22-13	Name of Registered Landfill Minerva Enterprises
		City, State Waynesburg, Oh	
Completed by R. VELDORAN	Title Estimator	Signature R. Veldran	Date 11-12-13

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

Date of Notification (1) 11 / 12 / 13		Name of Building Owner/Operator (2) VERIZON C/O ESIS	
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		Street Address PO BOX 430 City, State, Zip Code N. VERSAILLES, PA 15137	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact DAN PETROVAY	

NOV 18 2013

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, et c.)		
Street Address 621 WILLIAM STREET				Square Feet 20,000	# of Floors 4	Bldg. Age 40
City (5) EAST ORANGE		County (6) ESSEX		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) ESIS				ASCM No. 17		
Street Address 10 EXCHANGE PLACE				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302				Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm BRIAN KINGSBURY				City, State, Zip Code SUFFERN, NEW YORK 10901		
Telephone Number 201-356-5166				Telephone Number 845-369-7500		License Number 460
Expected State Date (10) 11 / 13 / 13		Sched. Completion Date (11) 10 / 31 / 14		Name of OSHA Monitor QUALITY 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9		
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		

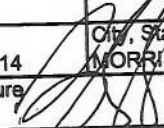
Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF


☐ Renovator

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF				PARAPET MASTIC	2,900 SF	X			
ROOF				WALL MASTIC	1,160 SF	X			
ROOF				BLOCK PIPE SEALANT	10 SF	X			
3RD FLOOR				PIPE FITTINGS	5 LF	X			

Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL	
City, State KEARNEY, NEW JERSEY		Disposal Date 11/13-13/10/15/2014		City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 11/12/13

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

Date of Notification (1) 11 / 4 /13		Name of Building Owner/Operator (2) VERIZON C/O ESIS						
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address 621 WILLIAM STREET		Street Address PO BOX 430 City, State, Zip Code N. VERSAILLES, PA 15137						
City (5) EAST ORANGE		Name of Contact DAN PETROVAY Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
County (6) ESSEX		Square Feet 20,000 # of Floors 4 Bldg. Age 40						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) TELECOMMUNICATION						
Name of Monitoring Firm Hired by Building Owner (8) ESIS		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 10 EXCHANGE PLACE		Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302		City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 845-369-7500 License Number 460						
Expected State Date (10) 11 / 13 /13		Name of OSHA Monitor QUALITY ENVIRONMENTAL Scheduled Completion Date (11) 10 / 31 /14						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclos H <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSULE
ROOF			PARAPET MASTIC	2,900 SF	X			
ROOF			WALL MASTIC	1,160 SF	X			
ROOF			BLOCK PIPE SEALANT	10 SF	X			
3RD FLOOR			PIPE FITTINGS	5 LF	X			
Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL					
City, State KEARNEY, NEW JERSEY		Disposal Date 11/13-13-10/15/2014		City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 			Date 11/4/13			

Date of Notification (1)			Name of Building Owner/Operator (2)						
11 / 12 / 13			VERIZON						
Agencies Notified			Street Address						
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification		126 LAKESIDE BLVD.						
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		City, State, Zip Code						
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		LANDING, NEW JERSEY 07850						
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		Name of Contact						
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		DOUGLAS J. O'HARE						
Name of Facility Where Abatement is Taking Place (3) VERIZON - BERGEN CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 71 MADISON AVENUE			Square Feet 113,347	# of Floors 2	Bldg. Age 40				
City (5) JERSEY CITY	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) TELECOMMUNICATIONS						
Name of Monitoring Firm Hired by Building Owner (8) ESIS, INC.	ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 10 EXCHANGE PLACE			Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code JERSEY CITY, NEW JERSEY			City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm BRIAN KINGSBURY			Telephone Number 201-356-5166	License Number 460					
Expected State Date (10) 11 / 13 / 13	Sched. Completion Date (11) 3 / 30 / 14		Name of OSHA Monitor QUALITY ENVIRONMENTAL						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input type="checkbox"/> Renovation			Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
MAIN ROOF-WESTSIDE	X			CAULK & SEALANT	25 SF	X			
ROOF - WESTSIDE	X			BLACK SEALANT	24 SF	X			
MAIN ROOF-WESTSIDE	X			BLACK SEALANT	70 SF	X			
MAIN ROOF-WESTSIDE	X			BLACK PARAPET SEALANT/PAINT	630 SF	X			
5TH FLOOR	X			PIPE INSULATION	15 LF	X			
5TH FLOOR	X			JOINT INSULATION	6 SF	X			
Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSSEN AVENUE City, State NEWARK, NEW JERSEY 07114			Cubic Yards of Waste 40	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURGH, PA 17242					
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS	Signature 	Date 11/12/13				

CK 25205

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

Date of Notification (1) 11 / 6 /13		Name of Building Owner/Operator (2) VERIZON	
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		Street Address 126 LAKESIDE BLVD.	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # / <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code LANDING, NEW JERSEY 07850	
		Name of Contact DOUGLAS J. O'HARE	

Name of Facility Where Abatement is Taking Place (3) VERIZON - BERGEN CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & comml. bldgs., homes, etc.)		
Street Address 71 MADISON AVENUE			Square Feet 113,347		# of Floors 2
City (5) JERSEY CITY			County Code (7) (STATE USE ONLY)		Bldg. Age 40
County (6) HUDSON			Current Use (Prior if being demolished) TELECOMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) ESIS, INC.			ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 10 EXCHANGE PLACE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code JERSEY CITY, NEW JERSEY			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm BRIAN KINGSBURY			Telephone Number 201-356-5166		License Number 460
Expected State Date (10) 11 / 13 /13			Sched. Completion Date (11) 3 / 30 /14		Name of OSHA Monitor QUALITY ENVIRONMENTAL
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
MAIN ROOF - WESTSIDE	X			CAULK & SEALANT	25 SF	X			
ROOF - WESTSIDE	X			BLACK SEALANT	24 SF	X			
MAIN ROOF - WESTSIDE	X			BLACK SEALANT	70 SF	X			
MAIN ROOF - WESTSIDE	X			BLACK PARAPET SEALANT/PAINT	630 SF	X			
5TH FLOOR	X			PIPE INSULATION	15 LF	X			
5TH FLOOR	X			JOINT INSULATION	6 SF	X			

Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242	Disposal Date 11/12/13-03/30/14
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	
				Date 11/6/13	


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

Date of Notification (1) 10 / 31 /13		Name of Building Owner/Operator (2) VERIZON	
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		Street Address 126 LAKESIDE BLVD.	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code LANDING, NEW JERSEY 07850	
		Name of Contact DOUGLAS J. O'HARE	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - BERGEN CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 71 MADISON AVENUE			Square Feet 113,347	# of Floors 2	Bldg. Age 40
City (5) JERSEY CITY	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) TELECOMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) ESIS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 10 EXCHANGE PLACE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code JERSEY CITY, NEW JERSEY			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-356-5166	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 11 / 12 /13 Month Day Year		Sched. Completion Date (11) 3 / 30 /14 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
MAIN ROOF -WESTSIDE	X			CAULK & SEALANT	25 SF	X			
ROOF - WESTSIDE	X			BLACK SEALANT	24 SF	X			
MAIN ROOF-WESTSIDE	X			BLACK SEALANT	70 SF	X			
MAIN ROOF-WESTSIDE	X			BLACK PARAPET SEALANT/PAINT	630 SF	X			
5TH FLOOR	X			PIPE INSULATION	15 LF	X			
5TH FLOOR	X			JOINT INSULATION	6 SF	X			

Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/31/13	

Emergency
Request for waiver

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

(Signature)
11/12/13 Time: 7:01

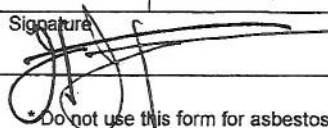
Check 4766

Date of Notification (1) 11-11-13		Name of Building Owner/Operator (2) H. BAER						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address 45 WADSWORTH TERRACE						
		City, State, Zip Code CRAWFORD, NJ 07016						
		Name of Contact H. BAER						
FACILITY INFORMATION								
Name of Facility Where Abatement is Being Performed (3) H. BAER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Childcare (3 or more days K-12) <input type="checkbox"/> Other (i.e., private & commercial building, hospital, etc.)						
Street Address 45 WADSWORTH TERRACE		Square Feet 1750	# of Floors 2					
City (5) CRAWFORD		Est. Age 59 yrs						
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior to being constructed) RESIDENCE					
Name of Monitoring Firm Used by Building Owner (8)		Name of Abatement Contractor (9)						
ACSM No.		Best Removal Inc						
Street Address		Street Address						
457		450 S. River St						
City, State, Zip Code		City, State, Zip Code						
		Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No.	License No.					
		201-329-7444	00388					
Start Date (10) 11-15-13	Schedule of Completion Date (11) 11-16-13	Name of OSHA Monitor						
		Omega Environmental Inc						
Occupancy Status During Abatement (Check only one)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Occupied 8AM 5 PM		280 Huyler St						
		City, State, Zip Code						
		South Hackensack, N.J. 07606						
Scope of Work (Check all that apply)								
<input type="checkbox"/> 2-5 ft or 2-5 ft <input type="checkbox"/> 2-10 ft or 2-20 ft								
<input type="checkbox"/> Removal <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Facilities <input type="checkbox"/> Clothing Facilities <input type="checkbox"/> Non-Encapsulated (?) and Non-Static Facilities								
Location of Asbestos-Containing Material (ACM) (12) ICHLANDER IN FACILITY	Is Location Routinely Used Solely by Maintenance/ Custodial Staff? (13)			Description of Asbestos-Containing Material (ACM) (14) (i.e., thermal systems insulation, surfacing, VOT, or other non-friable material)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT			X	V.A.T	490 SF X			
Name of Registered Waste Handler		RCRP Waste Handler ID No.	Cable Trench of Waste	Name of Registered Landfill				
Best Removal Inc		17T09	3/4 YD	Minerva Enterprises				
City, State		Disposal Date		City, State				
Hackensack, N.J. 07601		11-16-13		Waynesburg, Oh				
Completed by	Estimator	Signature			Date			
R. VELDRAN		R. Veldran			11-11-13			

(Project Delayed RE-START 11/18/13)

Form

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

Date of Notification (1) 11-13-13		Name of Building Owner/Operator (2) NJ Department of Military and Veteran Affairs							
Agencies Notified	Type Notification	Street Address 101 Eggert Crossing Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001	City, State, Zip Code Lawrenceville, New Jersey 08648							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mark Clemmenson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ National Guard Training Center		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 100 Camp Drive		Square Feet 30,000	# of Floors 1						
City (5) Sea Girt		Bldg. Age 30+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Co.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 7 Pleasant Hill Road		Street Address 42 Ridge Road							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 00836						
Start Date (10) 10/30/2013	Scheduled Completion Date (11) 12/27/2013	Name of OSHA Monitor Neuber Environmental Services, 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout building interior			X	floor tile and mastic	22,140 sf	X			
throughout building exterior			X	transite siding	26,700 sf	X			
Name of Registered Waste Hauler Delaware Valley Cont/Empire Wrecking Co.		NJDEP Waste Hauler ID No. 12838	Cubic Yards of Waste 200	Name of Registered Landfill Western Berks Landfill					
City, State Reading, PA		Disposal Date 11-12/2013		City, State Birdsboro, PA					
Completed by Jeff LaRiviere		Title V.P.	Signature 			Date 11-13-13			

Nov 12 2013 07:01am

P001/001

State of New Jersey
NOTIFICATION OF A BEST REMOVAL ABATEMENT
 (Pursuant to N.J.A.C. 17:27 and 17:28)

New Jersey Department of Health & Senior Services

Date: 11/13/13 Time: 3:00 PM
 Signature: [Signature]

Emergency
 Request for Waiver

Date of Notification (1) 11-11-13		Name of Building Owner/Operator (2) D. BUTCHER					
Agency 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"/> Amendment <input type="checkbox"/> Amendment 2 <input checked="" type="checkbox"/> Emergency (not using justification) <input type="checkbox"/> Circumstantial	Street Address 126 PARK AVE City, State, Zip Code ENGLEWOOD, NJ 07631 18 2013 Name of Contact D. BUTCHER					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) D. BUTCHER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School for S. (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 126 PARK AVE		Square Feet 1600	# of Floors 2				
City (5) ENGLEWOOD		Est. Age 8.1 YRS					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (For if being demolished) RESIDENCE				
Name of Manifesting Firm Used by Building Owner (8)		ABCM No.	Name of Abatement Contractor (9)				
Street Address			Best Removal Inc				
City, State, Zip Code			Street Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Manifesting Firm		Telephone No.	Telephone No. 201-329-7444				
Start Date (10) 11-13-13		Schedule of Completion Date (11) 11-14-13	License No. 00388				
Name of CSHA Monitor Omega Environmental Inc		Street Address 280 Bayler St City, State, Zip Code South Hackensack, N.J. 07606					
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 Hours (Facility Hours) <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 234 of 234 F <input type="checkbox"/> 234 of 234 F <input checked="" type="checkbox"/> Remediation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Compliance with Negative Pressure <input type="checkbox"/> Full Compliance <input type="checkbox"/> Cleanup Procedure <input type="checkbox"/> Non-Compliant (?) and Not-Eligible Procedure					
Location of Abatement-Containing Material (ACM) TO BE ABATED Basement (12)	Is Location Marked Clearly by Manifesting/Controlled Staff? (13)	Description of Abatement-Containing Material (ACM) (i.e., thermal systems, insulation, siding, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	In-place
Basement	Yes	Thermal Insulation	70 LF	X			
Name of Registered Waste Handler Best Removal Inc		RISEP Waste Handler ID No. 17109	City, State Hackensack, N.J. 07601	Name of Registered Landfill Minerva Enterprises Waynesburg, Oh			
City, State Hackensack, N.J. 07601		Disposal Date 11-14-13	Signature R. Veldran				
Completed by R. Veldran		Title Estimator	Date 11-11-13				

APP-41

Do not use this form for asbestos abatement emergency response.

CHECK #
3051

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

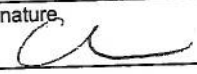
NOV

Date of Notification (1) <u>11/14/13</u>		Name of Building Owner/Operator (2) <u>EMERTECH CONTRACTING</u>	
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: <u>155 RT. 501</u>	
		City, State, Zip Code: <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact: <u>BRUCE BREUNIG</u>	Telephone Number:
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: <u>3957 WEST AVE.</u>		Square Feet: <u>1000</u>	# of Floors: <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age: <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address:		Street Address: <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code:		City, State, Zip Code: <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm:		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>11/24/13</u>	Scheduled Completion Date (11) <u>12/2/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address: <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code: <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win. Enclosure <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Frangible Procedure	
Location of Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 LF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		WDEP Waste Hauler ID No. <u>17904</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	City, State <u>WOODBINE, N.J.</u>
Disposal Date		Signature <u>Joseph Klemm</u>	Date <u>11/14/13</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

** Emergency **

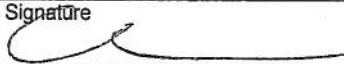
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 3720

Date of Notification (1) 11/14/13		Name of Building Owner/Operator (2) Brennon Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 340 West 11st						
			City, State, Zip Code Ship Bottom NJ 08008						
			Name of Contact Mr. Brennon						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brennon Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 340 West 11st		Square Feet 1000+	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/15/13	Scheduled Completion Date (11) 11/19/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1800 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/19/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 11/14/13	

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

CR 372 1

Date of Notification (1) 11/14/13		Name of Building Owner/Operator (2) Tammy Hanson Private Home							
Agencies Notified	Type Notification	Street Address 6 Tiller Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08070							
		Name of Contact Tammy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tammy Hanson Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6 Tiller Court									
City (5) Little Egg Harbor NJ 08070		Square Feet 1000+	# of Floors 1						
		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/15/13	Scheduled Completion Date (11) 11/21/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/21/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/14/13		

Nov 12 2013 06:59am

P001/001

04/04

EMERGENCY
REQUEST FOR WAIVERState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:28 and 26:29)

Signature: [Signature]
 Date: 11/12/13 Time: 2:00
 Check # 4765

Date of Notification (1) <u>11-11-13</u>		Name of Building Owner/Operator (2) <u>M. RASSIAS</u>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Abatement <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Remedial <input checked="" type="checkbox"/> Emergency (including isolation) <input type="checkbox"/> Construction	Street Address <u>186 THROCKMORTON LANE</u> City, State, Zip Code <u>OLD BRIDGE, NJ 08857</u> Telephone Number <u>B. SKURZYNSKI</u>				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>M. RASSIAS</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School/College (Other than K-12) <input checked="" type="checkbox"/> Other (A, private & commercial buildings, houses, etc.)				
Street Address <u>186 THROCKMORTON LANE</u>		Square Feet <u>2300</u>	# of Floors <u>3</u>			
City (5) <u>OLD BRIDGE</u>		State, Zip Code <u>08857</u>	Age <u>48 YRS</u>			
County (6) <u>MIDDLESEX</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RESIDENCE</u>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>Best Removal Inc</u>			
Street Address <u>[Blank]</u>		City, State, Zip Code <u>[Blank]</u>	Street Address <u>450 S. River St</u>			
City, State, Zip Code <u>[Blank]</u>		Telephone No. <u>201-329-7444</u>	City, State, Zip Code <u>Hackensack, N.J. 07601</u>			
Project Manager for Monitoring Firm <u>[Blank]</u>		Telephone No. <u>00388</u>	License No. <u>[Blank]</u>			
Start Date (10) <u>11-14-13</u>		Schedule of Completion Date (11) <u>11-15-13</u>	Name of CSHA Member <u>Omega Environmental Inc</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Restricted During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 AM - 5 PM</u>		Street Address <u>280 Huyler St</u>				
Scope of Work (Check all that apply) <input type="checkbox"/> 3 or less <input checked="" type="checkbox"/> 100 or more		City, State, Zip Code <u>South Hackensack, N.J. 07606</u>				
Is Removal <input type="checkbox"/> Decontamination		Full Containment with Negative Pressure <input type="checkbox"/> Mist-Enclosure <input type="checkbox"/> Classifying Procedures <input type="checkbox"/> Non-Enclosed (?) and Non-Fabric Procedures				
Location of Asbestos-Containing Material (ACM) <u>TO BE ASBESTOS</u> (12)	Is Location Normally Used Exclusively by Maintenance/ Contract Staff? (13)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, spraying, UAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
<u>1ST FLOOR ENTRANCE ROOM</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<u>VAT</u>	<u>450 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Handler <u>Best Removal Inc</u>		RI/DEP Waste Handler ID No. <u>17109</u>	Cont. Yards of Waste <u>314 YD</u>	Name of Registered Landfill <u>Minerva Enterprises</u>		
City, State <u>Hackensack, N.J. 07601</u>		Disposal Date <u>11-15-13</u>	City, State <u>Waynesburg, Oh</u>			
Completed by <u>R. Veldran</u>	Title <u>Estimator</u>	Signature <u>R. Veldran</u>	Date <u>11-11-13</u>			

ASCM

* To not use this form for asbestos removal or abatement activities.

Project #

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

Check # 2272

Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Jeffrey	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Holland Rd	
		City, State, Zip Code Peapack NJ 07977	
		Name of Contact Jeffrey	
		Telephone Number NOV 18 2013	

FACILITY INFORMATION

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 80 Holland Rd		Square Feet	# of Floors
City (5) Peapack, NJ 07977		Bldg. Age	
County (6) Somerset	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.	License No. 01133
Start Date (10) 11/22/2013		Scheduled Completion Date (11) 11/23/2013	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)

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

- ☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Area		X		TSI	100LF	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 11/12/2013	

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

Check # 7163 n/a

Date of Notification (1) 11/12/13		Name of Building Owner/Operator (2) County College of Morris	
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 Amendment # 2 <input type="checkbox"/> Cancellation	Street Address 214 Center Grove Road	
		City, State, Zip Code Randolph, NJ 07869	
		Name of Contact Joseph Ponturo	

FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) HPE Building - CCM			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 214 Center Grove Road			Square Feet 120000	# of Floors 3	Bldg. Age ~ 50
City (5) Randolph	County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 6/14/13	Sched. Completion Date (11) 12/31/13	Name of OSHA Monitor J & S Environmental Laboratories, LLC			
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 weekends</u> <input type="checkbox"/> Other – Describe: partially vacated		Street Address 2333 Route 22 W			
		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C L O S E	E N C L O S E
Mechanical Rooms	x			Pipe insulation	8 LF	x			
Various		x		Pipe insulation	120 LF				
Various		x		Floor tile	300 SF				
Mechanical rooms	x			Pipe fittings – wrap & cut	40 LF	x			
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 2	Name of Registered Landfill Minerva Landfill				
City, State Lincoln Park, NJ		Disposal Date 11/29/13		City, State Waynesburg, OH					
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 			Date 11/12/13		

ASB-41

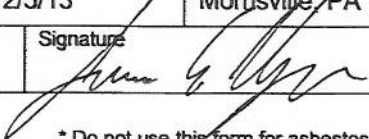
Note: Phased Project. First phase is scheduled to start on 6/14/13 and be completed on/by 6/18/13. It involves removal of pipe insulation. Amendments will be sent for other phases.

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

Date of Notification (1) 11/13/13		Check# 2532		Name of Building Owner/Operator (2) Primary Prep Elementary & Middle School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 41 Tuers Avenue City, State, Zip Code Jersey City, NJ 07306 Name of Contact Mrs Maureen Hoffman	
Name of Facility Where Abatement is Taking Place (3) Primary Prep Elementary & Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, non etc.)	
Square Feet 60,000		# of Floors 3		Bldg. Age 70+	
Current Use (Prior if being demolished) School					
City (5) Jersey City, NJ 07306		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) EA Services Corporation	
County (6) HUDSON		ASCM No.		Street Address 426 69th Street	
Name of Monitoring Firm Hired by Building Owner (8) n/a		City, State, Zip Code Guttenberg, NJ 07093		License No. 01074	
Street Address		Telephone No. 201-295-1700		Name of OSHA Monitor EA Services	
City, State, Zip Code		Telephone No.		Street Address same as above	
Project Manager for Monitoring Firm		Scheduled Completion Date (11) 11/25/2013		City, State, Zip Code	
Start Date (10) 11/23/13		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Starting @ 8:00 AM			
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 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) 20 LF	Removal
	Yes	No			
Basement pre-K Classroom		x			x
and Maintenance Shop		x			
			Pipe Insulation		
Name of Registered Waste Hauler Freehold Carting			Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management	
City, State PO Box 5010-Freehold, NJ 07728			Disposal Date tbd	City, State Tullytown Landfill	

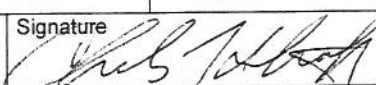
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8145

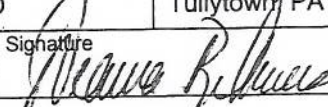
Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Mr. Ron Schaumburg							
Agencies Notified	Type Notification	Street Address 590 Chestnut Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666 Name of Contact Ron Schaumburg							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 590 Chestnut Street		<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) Teaneck		Square Feet 2300	# of Floors 2						
County (6) Bergen		Bldg. Age 50 + yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41 Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) December 2, 2013	Scheduled Completion Date (11) December 5, 2013	Name of OSHA Monitor The same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Basement Work Area		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	20 LF	X			
Basement			X	Boiler Insulation	25 SF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 1	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504		Disposal Date 12/5/13		City, State Morrisville, PA					
Completed by James Unger		Title Project Manager		Signature 		Date 11/12/2013			

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

Check # 22392

Date of Notification (1) 11 / 13 / 13		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Richard J. Raczynski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Interchange Exit 7A New Jersey Turnpike		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 Exit 7A Toll Utility Building - South		Square Feet 1,500	# of Floors 1						
City (5) Trenton		Bldg. Age 40							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 515 Grove Street, Suite 1B		Street Address 500 East Luzerne Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856 547 0505	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 11 / 16 / 13	Scheduled Completion Date (11) 11 / 18 / 13	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 - Describe Time of Abatement: 7AM-5PM / PM - AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 louvers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	caulking	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Fascia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emery Transite Board	30 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124			Disposal Date 11/30/13	City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager	Signature 			Date 11/12/13			

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

Date of Notification (1) 11/12/13		Name of Building Owner/Operator (2) Carla Gilbride							
Agencies Notified	Type Notification	Street Address 513 Beech Ave							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garwood, NJ 07027							
		Name of Contact Carla Gilbride							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 513 Beech Lane		Square Feet N/A	# of Floors N/A						
City (5) Garwood		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
		License No. #00675							
Start Date (10) 12/05/13	Scheduled Completion Date (11) 12/06/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	140 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 11/12/13		

CHECK #
3054

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

NOV 18 2013

Date of Notification (1) <u>11/14/13</u>		Name of Building Owner/Operator (2) <u>EMPH TECH CONTRACTING</u>	
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 <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
Name of Contact <u>DAVE BREUNIG</u>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>205 BANTAM LANE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OLEON CITY</u>		Bldg Age <u>40+</u>	
County (6) <u>CANE MAW</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>11/25/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>12/3/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 231 SF or 2311 <input type="checkbox"/> 2160 SF or 2260 SF <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY (12)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
<u>GARAGE</u>		Yes	
<u>SIDING</u>		No	
<u>GARAGE</u>		N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<u>TRANSITE</u>		<u>6000</u>	
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
Disposal Date		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>11/14/13</u>	

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

Date of Notification (1) 10-10-13		Name of Building Owner/Operator (2) glen Davis							
Agencies Notified	Type Notification	Street Address 5 Bayhaven Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Longport NJ 08403							
		Name of Contact Anthony							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 5 Bayhaven Ave		Square Feet 1500	# of Floors 1						
City (5) longport, NJ		Bldg. Age 65							
County (6) ocean	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) Ani & Joe LLC						
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco .NJ . 08075							
Project Manager for Monitoring Firm		Telephone No. 856-824-0971	License No. 07010						
Start Date (10) 11-14-13	Scheduled Completion Date (11) 11-30-13	Name of OSHA Monitor self							
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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1800sqft	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outside			x	(ACM) siding		x			
Name of Registered Waste Hauler J Robinson Waste		NJDEP Waste Hauler ID No. 18687	Cubic Yards of Waste 40cy	Name of Registered Landfill Wm Of Pa					
City, State Bellmawr NJ			Disposal Date TBD	City, State Tullytown NJ					
Completed by Joseph T Hill		Title VP	Signature			Date 11-4-13			

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)


Date of Notification (1) November 13, 2013		Name of Building Owner/Operator (2) Pequannock Senior Citizen Housing 2013	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 101 Boulevard		City, State, Zip Code Pequannock, NJ	
Name of Contact Debbie Crenshaw		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 113 Boulevard		Sq. Feet: Unknown # of Floors: Bldg. Age: years	
City (5) Pequanock	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) December 2, 2013		Scheduled Completion Date (11) December 16, 2013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc. Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13) Throughout the Home	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Asbestos Plaster	Amount (Specify SF or LF) 3,000 sf
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 50	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date December 16, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	
		Date November 13, 2013	

GAC # 2013-415

659

Print Form

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

Date of Notification (1) 11/08/13		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address 171 Clifton Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07104							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rev. Peter Palmisano							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Virgin Church		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 188 MacArthur Ave		Square Feet 10,000	# of Floors 1						
City (5) Garfield		Bldg. Age 100+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 11/11/13	Scheduled Completion Date (11) 11/16/13	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crowlspace			*	pipe insulation	48lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 2	Name of Registered Landfill GROWS					
City, State Newark NJ			Disposal Date 11/16/13	City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 11/08/13			

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

Date of Notification (1) 11-14-13		Name of Building Owner/Operator (2) Charles Nickgalas		NOV 18 2013	
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 2928 S 18th street		
			City, State, Zip Code Philadelphia Pa 18145		
			Name of Contact Banerd		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 240 Dory st				Square Feet 1500	# of Floors 1
City (5) Ocean City, NJ				Bldg. Age 65	
County (6) ocean		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) Ani & Joe LLC	
Street Address				Street Address 1212 Burlington Ave	
City, State, Zip Code				City, State, Zip Code Delanco .NJ . 08075	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-824-0971	License No. 07010
Start Date (10) 11 -24-13		Scheduled Completion Date (11) 11-30-13		Name of OSHA Monitor self	
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: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
outside			x	(ACM) siding	2200sqft
Name of Registered Waste Hauler J Robinson Waste		NJDEP Waste Hauler ID No. 18687		Cubic Yards of Waste 40cy	Name of Registered Landfill Wm Of Pa
City, State Bellmawr NJ		Disposal Date TBD		City, State Tullytown NJ	
Completed by Joseph T Hill		Title VP		Signature	Date 11-14-13

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

Ch# 23013

Date of Notification (1) <div style="text-align: center;">11/12/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Sakoutis Brothers Disposal</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 84	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Colts Neck, NJ 07722 NOV 18 2013</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">John Sakoutis</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

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;">711 Buchanan St.</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Toms River Twp.</div>			County (6) <div style="text-align: center;">Ocean</div>		County Code (7) (STATE USE ONLY)
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;">N/A</div>			ASCM No.		Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">11/13/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">11/14/13</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>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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		Asbestos siding	1200 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;">2</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;">11/15/13</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 		Date <div style="text-align: center;">11/12/2013</div>	

*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) <div style="text-align: center;">11/13/2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Modern Homes Ch 23016</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<div style="text-align: center;">2911 Route 37</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<div style="text-align: center;">Toms River, NJ 08753</div>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<div style="text-align: center;">Bruce Waller</div>	

FACILITY INFORMATION

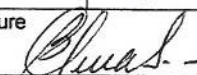
Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">14 Colony Road</div>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City <div style="text-align: center;">Ortley</div>			Square feet		
			<div style="text-align: center;">1000 sf</div>		
County (6) <div style="text-align: center;">Ocean</div>		County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age	
			<div style="text-align: center;">1</div>	<div style="text-align: center;">60</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address		
			<div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code		
			<div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number	License Number	
			<div style="text-align: center;">732-349-9932</div>	<div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">11/26/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">11/27/13</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>		
Scope of Work (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </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) 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		Asbestos siding	900 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;">3</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;">11/29/13</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;">11/13/2013</div>

*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) Nov 11/2013		Check#2520		Name of Building Owner/Operator (2) St Mary's Church		NOV 18 2013			
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		280 Washington Avenue					
				City, State, Zip Code Dumont, NJ 07628					
				Name of Contact John Weiss		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Mary's Church-Sacristy				Type of Facility (4)					
Street Address 280 Washington Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Dumont, NJ 07628				Square Feet 10,000		# of Floors 2			
						Bldg. Age 60+			
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address 280 Huyler Street					Street Address 426 69th Street				
City, State, Zip Code Hackensack, NJ 07606					City, State, Zip Code Guttenberg, NJ 07093				
Project Manager for Monitoring Firm		Telephone No. 201-489-8700		Telephone No. 201-295-1700		License No. 01074			
Start Date (10) 11/21/2013		Scheduled Completion Date (11) 11/27/2013		Name of OSHA Monitor same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 7:30 AM				City, State, Zip Code					
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 checked="" 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)			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
Sacristy Area		x		Ceiling Plaster	20 SF	x			
Altar Area		x		Ceiling Plaster	3 SF	x			
Altar Area		x		Ceiling plaster around HVAC	10 SF	x			
				dust exhaust					
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management			
City, State PO BOX 5010, Freehold, NJ 07728				Disposal Date tbd		City, State Tullytown Landfill			
Completed by Gina Salvador		Title Office Manager		Signature 		Date 11/11/13			

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

Date of Notification (1) 11 / 13 / 13		Name of Building Owner/Operator (2) GFI Siteworks, Inc.							
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 P OBox 296							
		City, State, Zip Code Clarksboro, NJ 08020							
		Name of Contact Joe Russo							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 16 Aberdeen Place									
City (5) Woodbury, NJ 08102		Square Feet 5,000	# of Floors 3						
		Bldg. Age 50							
County (6) Camden County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) None							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address		Street Address 8451 Executive Ave.							
City, State, Zip Code		City, State, Zip Code Philadelphia, Pa. 19153							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 267-284-1050	License No. 01109						
Start Date (10) 12 / 2 / 13	Scheduled Completion Date (11) 12 / 23 / 13	Name of OSHA Monitor Joseph Maronski							
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 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, Pa. 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	4,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler United Trucking, Inc.		NJDEP Waste Hauler ID No. 15867	Cubic Yards of Waste 30 CYS.	Name of Registered Landfill Conestoga Landfill					
City, State Marlton, NJ		Disposal Date 12-24-13		City, State Morgantown, PA					
Completed By (Print or Type) Piyush Patel	Title Program Manager		Signature <i>Piyush Patel</i>			Date 11/13/13			