

CHECK #  
3059

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

Date of Notification (1) <u>11/19/13</u>		Name of Building Owner/Operator (2) <u>MEW + MACHINES</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>225 FREEMONT AVE</u>		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>	
Name of Contact <u>LISA FISHER</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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings; homes, etc.)	
Street Address <u>11023 SUNSET DRIVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>STONE HORIZON</u>		Bldg Age <u>40+</u>	
County (6) <u>CANE MAW</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if 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>KLEMMCO 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. <u>856-779-0422</u>
Start Date (10) <u>12/2/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>12/9/13</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"/> 23 CFR 23.11 <input type="checkbox"/> 2160-31 or 2260.11 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Amount (Specify SF or LF) <u>2000 LF</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
NJDEP Waste Hauler ID No. <u>12907</u>		Disposal Date _____	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
Completed By <u>JOSEPH KLEMM</u>		City, State <u>WOODBINE, N.J.</u>	
Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>	
Date <u>11/19/13</u>		Date <u>11/19/13</u>	



Nov 14 2013 07:56am

P001/001

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

CHECK #: 8314

Date of Notification (1) <u>11/14/13</u>		Name of Building Owner/Operator (2) <u>FOLLACI</u>		APPROVED NJ Dept. of Health & Senior Services <u>Paul C. Forman</u> (signature) Date: <u>11/14/13</u> Time: <u>7:57 AM</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>456 WESTMINSTER PL.</u> City, State, Zip Code <u>LODI, N.J. 07644</u> Name of Contact <u>DONNA</u> Telephone Number	
<b>FACILITY INFORMATION</b>					
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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <u>456 WESTMINSTER PL.</u>			Square Feet <u>1,200</u>		
City (5) <u>LODI</u>			# of Floors <u>2</u>		Brdg. Age <u>+56</u>
County (6) <u>Berkshire</u>		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) <u>A. MAC Contracting Inc.</u>	
Street Address		Street Address <u>105 Lowell Road</u>		City, State, Zip Code <u>Glen Rock, NJ 07402</u>	
City, State, Zip Code		Telephone No. <u>201-262-5841</u>		License No. <u>00156</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Start Date (10) <u>11/14/13</u>		Scheduled Completion Date (11) <u>11/30/13</u>		Street Address <u>280 Huyer Street</u> City, State, Zip Code <u>Hackensack, NJ 07601</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: _____				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) 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)	
Basement		✓		PIPE INSULATION	
Basement		✓		BLEECHING	
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Cubic Yards of Waste <u>1</u>	
City, State, Zip Code <u>Riverside, NJ 07457</u>		Disposal Date <u>11/14/13</u>		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State, Zip Code <u>Bethlehem, PA 18015</u>		Signature <u>J. Vout</u>		Date <u>11/14/13</u>	

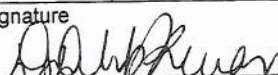
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK 1086

Date of Notification (1) 11/20/2012		Name of Building Owner/Operator (2) UNREAL ESTATES LLC							
Agencies Notified	Type Notification	Street Address 240 GRAN AVENUE							
<input checked="" 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 ENGLEWOOD, NJ 07631							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact ADAM BRENNER	Telephone No. _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ADAM BRENNER C/O ANHALT		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 GRND AVENUE		Square Feet	# of Floors						
City (5) ENGLEWOOD, NJ 07631		Bldg. Age							
County (6) HUDSON	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) ATC CONSTRUCTION LLC						
Street Address N/A		Street Address 6012 BROADWAY AV. APT.2							
City, State, Zip Code		City, State, Zip Code WEST NEW YORK, NJ. 07093							
Project Manager for Monitoring Firm		Telephone No. 201-293-2368	License No. 01210						
Start Date (10) 11/22/2013	Scheduled Completion Date (11) 11/27/2013	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1600 ROUTE EAST SUIT 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
			X	PIPE INSULATION	240 L FT				
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KEN I WORTH, NJ.			Disposal Date	City, State KEARNY, NJ.					
Completed by LETICIA TORRES		Title PRESIDENT	Signature			Date 11/20/2013			



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

Date of Notification (1) <div style="text-align: center;">11 / 14 / 13</div>		Name of Building Owner/Operator (2) <b>Township of Hanover</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Hockamick Road</b>							
		City, State, Zip Code <b>Cookstown, NJ 08511</b>							
		Name of Contact <b>Joe Hirsch</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Satellite Lounge</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>79 Wrightstown-Cookstown Road</b>		Square Feet <b>20000</b>	# of Floors <b>1</b>						
City (5) <b>Hanover Township</b>		Bldg. Age <b>50</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Resolutions, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>						
Street Address <b>525 Fellowship Road, Suite 300</b>		Street Address <b>8436 Enterprise Avenue</b>							
City, State, Zip Code <b>Mt. Laurel, NJ 08054</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Project Manager for Monitoring Firm <b>Joe Hirsch</b>	Telephone No. <b>856-235-7170</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>						
Start Date (10) <b>12 / 02 / 13</b>	Scheduled Completion Date (11) <b>1 / 15 / 14</b>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:30 AM-3:30 PM</b> /____PM-____AM		Street Address <b>8436 Enterprise Avenue</b>							
		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Dining Room and Ball Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	4,910 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coat Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1x1 Ceiling Tile	930 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof (during demolition)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	19,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>United Trucking</b>		NJDEP Waste Hauler ID No. <b>22843</b>	Cubic Yards of Waste <b>120 CY</b>	Name of Registered Landfill <b>Conestoga Landfill</b>					
City, State <b>Marlton, NJ</b>		Disposal Date <b>01/15/2014</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Dilip Kumar</b>	Title <b>Program Manager</b>		Signature 			Date <b>11/14/13</b>			



NDU-12-2013 07:47 From:SKY CONTRACTING LLC 19739285042

To:16095330664

Page:3/4

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

Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Mary Lou Phifer							
Agencies Notified	Type Notification	Street Address 100 Oakland Road							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Mary Lou Phifer	Telephone						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 Oakland Road		Area Feet 100	# of Floors 2						
City (5) Maplewood		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 11/13/2013	Scheduled Completion Date (11) 11/15/2013	Name of OSHA Monitor Sky Contracting, LLC							
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: Abatement performed within unoccupied floor level - basmt		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input type="checkbox"/> $\geq 100$ sf or $\geq 250$ ft		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	x			Pipe Insulation	70 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature		Date 11/12/2013			

A26-41 (A-08-03)

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



NOV-12-2013 07:47 From:SKY CONTRACTING LLC 19739285042


To:16096330664

Page: 3/4

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

DOL - 10 DAY

Print Form

Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Mary Lou Phifer							
Agencies Notified	Type Notification	Street Address 100 Oakland Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Mary Lou Phifer	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 100 Oakland Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Maplewood		Square Feet 300	# of Floors 2						
County (6) Essex		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.							
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code		Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470							
Telephone No.		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 11/13/2013	Scheduled Completion Date (11) 11/15/2013	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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: Abatement performed within unoccupied floor level - basement		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input type="checkbox"/> $\geq 180$ of or $\geq 250$ ft		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	Enclose
Basement	x			Pipe Insulation	70 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 				Date 11/12/2013	

ASB-41 (A-09-00)

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



NOU-12-2013 07:47 From:SKY CONTRACTING LLC 19739235042

To:16096330664

Page: 3 of 4

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

Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Mary Lou Phifer							
Agencies Notified	Type Notification	Street Address 169 Oakland Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Mary Lou Phifer	Telephone No.						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 169 Oakland Road		Area Feet 100	# of Floors 2						
City (5) Maplewood		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	Licensee No. 00874						
Start Date (10) 11/13/2013	Scheduled Completion Date (11) 11/15/2013	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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: Abatement performed within unoccupied floor level - basmt.		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable 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	70 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sercer		Title Vice President		Signature		Date 11/12/2013			

ASB-41 (A-08-00)

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



Check#1771

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

Emergency Notification

Date of Notification (1)

11 / 15 / 13

Name of Building Owner/Operator (2)

Fanny Orellana

Street Address

141 Joralemon Street

City, State, Zip Code

Bellville, NJ 07109

Name of Contact

Fanny Orellana

APPROVED  
NJ Dept. of Health & Senior Services

(signature)

Date: 11/15/13 Time: 12:11

Telephone Number

Agencies Notified

- ☐ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA  
(NJAC 5:23-6)

Type Notification

- ☒ Initial  
☐ Amended  
Amendment # \_\_\_\_\_  
☒ Emergency (including justification)  
☐ Cancellation

## FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Private house

Street Address

141 Joralemon Street

City (5)

Bellville, NJ 07109

County (6)

Essex

Type of Facility (4)

- ☐ School (K-12)  
☐ Subchapter S (Other than K-1 2)  
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

City, State, Zip Code

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

11 / 16 / 13

Scheduled Completion Date (11)

11 / 17 / 13

973-638-1777

01127

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

Envirovision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

- ☒ Renovation  
☐ Demolition

- ☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of  
Asbestos-Containing Material (ACM)  
**TO BE ABATED**  
IN Facility  
(13)

Is Location  
Normally  
Used Solely by  
Maintenance/  
Custodial Staff?  
(12)

Yes No N/A

Description of  
Asbestos Containing Material (ACM)  
(i.e., thermal systems insulation,  
surfacing, VAT, or  
other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

Removal  
Repair  
Encapsulate  
Enclosure

Basement-utility room

Yes No N/A

Pipe insulation

18 LF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

TBD

City, State

Tullytown, PA

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

Signature

Date

11/15/2013



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:128)

CR 4775

Date of Notification (1) <b>11-18-13</b>		Name of Building Owner/Operator (2) <b>HUDSON CITY SAVINGS BANK</b>				
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 type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>WEST 80 CENTURY ROAD</b>				
		City, State, Zip Code <b>PARAMUS, NJ 07652</b>				
		Name of Contact <b>B. Yoo</b>	Telephone Number <b>21</b>			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>HUDSON CITY SAVINGS BANK</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>511 UNDERCLIFF AVENUE</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>			
City (5) <b>EDGEWATER</b>		Bldg. Age <b>84 YRS</b>				
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 S. River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>11-27-13</b>	Scheduled Completion Date (11) <b>11-29-13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>				
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: <b>8 AM 5 PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> $\geq 3$ of or $\geq 5$ F <input type="checkbox"/> $\geq 150$ of or $\geq 250$ F		<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-Exempted (?) and Non-Fixable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY</b> (12)	Is Location Normally Used Only by Maintenance/Custodial Staff? (13)	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
<b>BASEMENT</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	<b>THERMAL INSULATION</b>	<b>70 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/4 YD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>11-29-13</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>R. VELDORAN</b>	Title <b>Estimator</b>	Signature <i>R. Veldoran</i>	Date <b>11-18-13</b>			



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

*Check # 2703*

**GAC Project # 417-13**

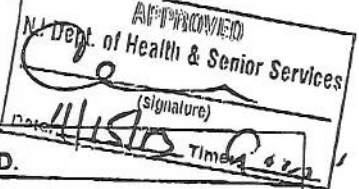
Date of Notification (1) <b>November 15, 2013</b>			Name of Building Owner/Operator (2) <b>N.T. HEGEMAN COMPANY, LTD.</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>223 ROUTE 4 WEST</b>	
				City, State, Zip Code <b>PARAMUS, NJ 07652</b>	
				Name of Contact <b>MS. KATHY HARTY</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>VERIZON WIRELESS STORE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <b>NOT SUB 8</b>		
Street Address <b>341 ROUTE 4 WEST</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>PARAMUS</b>	County (6) <b>BERGEN</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Retail Store</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>CARDNO ATC ASSOCIATES</b>			ASCM No. <b>0098</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>JOHN LUTZ</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>11/18/13</b>		Scheduled Completion Date (11) <b>11/25/13</b>		Name of OSHA Monitor <b>1</b> <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 7:00 AM - 7:00 PM (24Hr access as needed)</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ sf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Main Floor- Verizon Store	<input checked="" type="checkbox"/>	TSI - Duct Insulation	1600 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>60 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date <b>11/25/13</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>November 15, 2013</b>	



Nov 15 2013 09:26am

P001/001

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



GAC Project # 417-13

<b>Date of Notification (1)</b> November 15, 2013		<b>Name of Building Owner/Operator (2)</b> N.T. HEGEMAN COMPANY, LTD.	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> 223 ROUTE 4 WEST		<b>City, State, Zip Code</b> PARAMUS, NJ 07652	
<b>Name of Contact</b> MS. KATHY HARTY		<b>Telephone</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> VERIZON WIRELESS STORE		<b>Type of Facility (4)</b> <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.) NOT SUB 8 Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
<b>Street Address</b> 341 ROUTE 4 WEST		<b>Current Use (prior if being demolished):</b> Retail Store	
<b>City (5)</b> PARAMUS	<b>County (6)</b> BERGEN	<b>County Code (7) (State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> CARDNO ATC ASSOCIATES		<b>ASCM No.</b> 0098	
<b>Street Address</b> 104 EAST 25 <sup>th</sup> STREET, 10 <sup>th</sup> FLOOR		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<b>City, State, Zip Code</b> NEW YORK, NY 10010		<b>Street Address</b> 268 MAIN STREET	
<b>Project Manager for Monitoring Firm</b> DAVID CHANG		<b>City, State, Zip Code</b> BUTLER, NJ 07405	
<b>Telephone Number</b> 212-353-8280 ext. 257		<b>Telephone Number</b> 973-492-0477	<b>License Number</b> 00840
<b>Scheduled Start Date (10)</b> 11/18/13		<b>Scheduled Completion Date (11)</b> 11/25/13	
<b>Occupancy Status During Abatement (Check only one)</b> <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: Shift Hours: 7:00 AM - 7:00 PM (24Hr access as needed)		<b>Name of OSHA Monitor</b> 1 ENVIROVISION, INC.	
		<b>Street Address</b> 20-21 WARGARAW ROAD	
		<b>City, State, Zip Code</b> FAIRLAWN, NJ	
<b>Scope of Work (Check all that apply)</b>			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 280$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
Main Floor- Verizon Store	<input checked="" type="checkbox"/>	TSI - Duct Insulation	1600 SF
<b>Name of Reg. Waste Hauler</b> See Hauler Below #1 & 2		<b>NJDEP Waste Hauler ID #</b> See Below	<b>Cubic Yards of Waste:</b> 60 CY
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJDEP # 12561		<b>Name of Registered Landfill</b> G.R.O.W.S. North Landfill	
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> NJDEP # 4509		<b>Disposal Date</b> 11/25/13	<b>City, State</b> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<b>Completed by (Print or Type)</b> RAYMOND C. PEDALINO	<b>Title</b> SENIOR PROJECT MANAGER	<b>Signature</b> Raymond C. Pedalino	<b>Date</b> November 15, 2013

Copies To: CARDNO/ATC, Attn: Mr. John Lutz



11/15/2013 09:27

R478 P.002/004

State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

DOL - 10 DAY

GAC Project # 417-13

Date of Notification (1) November 15, 2013		Name of Building Owner/Owner's Agent (2) N.T. HEGEMAN COMPANY, LTD.	
Agencies Notified <input type="checkbox"/> DEPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DPH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	
Street Address 223 ROUTE 4 WEST City, State, Zip Code PARAMUS, NJ 07652		Name of Contact MS. KATHY HARTY	
Name of Facility Where Abatement is Taking Place (3) VERIZON WIRELESS STORE			
Street Address 341 ROUTE 4 WEST City (6) PARAMUS County (8) BERGEN County Code (7) (State Use Only)		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.) NOT SUB 8 Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years Current Use (prior if being demolished): Retail Store	
Name of Monitoring Firm Hired by Bldg. Owner (5) CARDNO ATC ASSOCIATES Street Address 104 EAST 25 <sup>th</sup> STREET, 10 <sup>th</sup> FLOOR City, State, Zip Code NEW YORK, NY 10010		Name of Contractor (8) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm DAVID CHANG Telephone Number 212-353-8280 ext. 267		Telephone Number 973-482-0477 License Number 00840	
Scheduled Start Date (10) 11/18/13		Scheduled Completion Date (11) 11/26/13	
Occurrence 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: Shift Hours: 7:00 AM - 7:00 PM (24Hr access as needed)		Name of OSHA Monitor 1 ENVIROVISION, INC. Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) in Facility (13) Main Floor - Verizon Store	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - Duct Insulation	Amount (Specify SF or LF) 1600 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 60 CY Name of Reclaimed Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12961 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4508		Disposal Date 11/25/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-726-1700
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature Raymond C. Pedalino Date November 15, 2013



**verizon**wireless

NOV 21 2013

Verizon Wireless

100 Southgate Parkway  
Morristown NJ 07960

Phone 973 656 7000

November 15, 2013

To: Greenwood Abatement Consultants, Inc.  
268 Main Street  
Butler, NJ 07405

From: Robert Delmour  
Construction Manager Northeast Area  
Verizon Wireless  
100 Southgate Parkway  
Morristown, NJ 07960

Re: Asbestos Abatement Project  
Verizon Wireless Store  
341 Route 4 Paramus, NJ 07960

To Whom it may Concern;

Verizon Wireless has identified asbestos-containing duct insulation within the above referenced store that will need to be removed in order to allow for renovations.

The asbestos-containing duct insulation is part of an abandoned ventilation system discovered during ceiling demolition. The material now being exposed could potentially create a threat to the building occupants. The material is presently in an intact condition, however in order to avoid disturbance and possible employee exposure to airborne asbestos fibers Verizon Wireless plans to close the store in order to perform asbestos abatement.

In order to both eliminate the potential hazard and continue the renovations immediately we respectfully request a waiver to the required 10 day asbestos notification. Verizon Wireless is requesting a waiver of the 10-calendar day notification in order to allow abatement work to begin on Monday November 18<sup>th</sup>, 2013. Remediation work will take approximately 5 days to complete.

Please advise if this will be possible. If you have any questions please contact me at (908-451-3366).

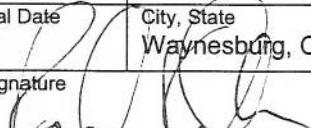
Very Truly Yours

Robert Delmour



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

CHECK # 20590/20597

Date of Notification (1) 11-15-13		Name of Building Owner/Operator (2) RTL Services, Kearny Point Industrial Park							
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1  <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Basin Drive, Suite 120							
		City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Jay Zimmern	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 89		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 9 Basin Drive		Square Feet 10,300	# of Floors 1						
City (5) Kearny		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 11-18-13(1)11-21-13	Scheduled Completion Date (11) 12-31-13	Name of OSHA Monitor Even-Air 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: Area is vacant		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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 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
Roof			x	Built Up Roofing	10,300SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by John Tancredi		Title Project Manager		Signature 		Date 11-15-13			



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

*DOL Check # 07920*

Date of Notification (1) 11 / 20 / 13		Name of Building Owner / Operator (2) Verizon	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 100 Greenwood Avenue		City, State, Zip Code Jenkintown, PA. 19046	
Name of Contact Alex Baylor		Telephone Number 2013	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Verizon Asbury Park CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 507 Bangs Ave		Building Age 50+	
City (5) Asbury Park	County (6) Monmouth	County Code (7)	Square Feet N/A
			# Of Floors 2
		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ESIS Health, Safety and Environmental		Name of Abatement Contractor (9) LVI Demolition Services	
Street Address 436 Walnut Street		Street Address 32 Williams Parkway	
City, State, Zip Code Philadelphia, PA 19106		City, State, Zip Code East Hanover NJ. 07936	
Project Mngr. For Monitoring Firm Frank Westfall		Telephone Number 215.640.5320	
Sched. Start Date (10) 12 / 9 / 13		Sched. Completion Date (11) 12 / 30 / 13	
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI. 7:00AM-3:30PM		Telephone Number 973-772-3660	
		License Number 00860	
Name of OSHA Monitor LVI Demolition Services		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ. 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
			Abatement Type
			R E M O V A L
			R E P A I R
			E N C A P S U L
			E N C L O S U R
Roof	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Roof Flashing	1,400 SF
Roof	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Roof Flashing	1,100 SF
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste
City, State New Castle, DE.		Name of Registered Landfill Minerva Landfill	
		City, State 8955 Minerva Road Waynesburg, OH. 44688	
Completed by (Print or Type) Terrylyn Iannece		Title Project Manager	Signature <i>Terrylyn Iannece</i>
		Date 11/20/13	



**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	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA	Type of Notification	100 Greenwood Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Initial	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Amended	Jenkintown, PA. 19046	
<input checked="" type="checkbox"/> DOL	Amendment # 1	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Emergency w/ justification	Alex Baylor	
<input type="checkbox"/> Cancellation			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon Wildwood CO		Type of Facility (4)	
Street Address 3500 Pacific 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 bldgs., homes, etc.)	
City (5) Wildwood	County (6) Cape May	County Code (7)	Square Feet N/A # Of Floors 2 Building Age 50+
Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ESIS Health, Safety and Environmental		Name of Abatement Contractor (9) LVI Demolition Services	
Street Address 436 Walnut Street		Street Address 32 Williams Parkway	
City, State, Zip Code Philadelphia, PA 19106		City, State, Zip Code East Hanover NJ. 07936	
Project Mngr. For Monitoring Firm Frank Westfall		Telephone Number 215.640.5320	
Scheduled Start Date (10) 12 / 2 / 13	Sched. Completion Date (11) 12 / 20 / 13	Telephone Number 973-772-3660	License Number 00860
Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor LVI Demolition Services	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 32 Williams Parkway	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____		City, State, Zip Code East Hanover, NJ. 07936	
<input checked="" type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM			

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


  

Location of Asbestos Containing 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
Roof Equipment Supports	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tar Sealer	120SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Perimeter Cap	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tar Sealant	3600LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

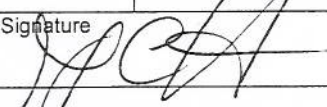
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE.	Disposal Date #####	City, State 8955 Minerva Poad Waynesburg, OH. 44688	

Completed by (Print or Type) Terrylyn Iannece	Title Project Manager	Signature 	Date 11/20/13
--------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------	------------------




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

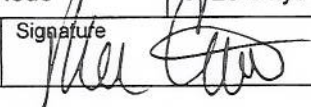
Date of Notification (1) <b>11 / 18 / 13</b>		Name of Building Owner/Operator (2) <b>Ethicon</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>001</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>555 Route 22 West</b>							
		City, State, Zip Code <b>Somerville, NJ 08876</b>							
		Name of Contact <b>Vince Mignone</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon - C Wing First Floor</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>555 Route 22 West</b>		Square Feet <b>35000</b>	# of Floors <b>2</b>						
City (5) <b>Somerville, NJ 08875</b>		Bldg. Age <b>50</b>							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>00021</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>28 N. Pennell Road</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>West Chester, PA 129382</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>(800) 969-6238</b>	Telephone No. <b>610-701-9000</b>						
License No. <b>00508</b>									
Start Date (10) <b>11 / 29 / 13</b>	Scheduled Completion Date (11) <b>12 / 02 / 13</b>	Name of OSHA Monitor <b>AET</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-5:30PM</b> AM		Street Address <b>28 N. Pennell Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> 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) <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
First Floor south side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor south side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile Mastic	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor south side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal Insulation	550 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"/>
Name of Registered Waste Hauler <b>Eastern Waste</b>		NJDEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Waste Management - Grows North Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>John Heemer</b>	Title <b>Estimator</b>	Signature 				Date <b>11/18/13</b>			



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

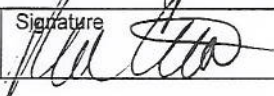
Date of Notification (1) <div style="text-align: center;">11 / 5 / 13</div>			Name of Building Owner/Operator (2) <b>Ethicon</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>555 Route 22 West</b> City, State, Zip Code <b>Somerville, NJ 08876</b> Name of Contact <b>Vince Mignone</b> Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon - C Wing First Floor</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>555 Route 22 West</b>			Square Feet <b>35000</b>						
City (5) <b>Somerville, NJ 08875</b>			# of Floors <b>2</b>		Bldg. Age <b>50</b>				
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>00021</b>		Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>					
Street Address <b>28 N. Pennell Road</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>West Chester, PA 129382</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>(800) 969-6238</b>		License No. <b>00508</b>					
Start Date (10) <b>11 / 21 / 13</b>		Scheduled Completion Date (11) <b>12 / 06 / 13</b>		Name of OSHA Monitor <b>AET</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM-AM</b>			Street Address <b>28 N. Pennell Road</b> City, State, Zip Code <b>Media, PA 19063</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <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
First Floor south side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor south side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile Mastic	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor south side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal Insulation	550 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"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>		Cubic Yards of Waste <b>20</b>		Name of Registered Landfill <b>Allied Imperial Landfill</b>			
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>		Signature 		Date <b>11/5/13</b>			

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

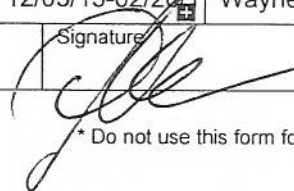
Date of Notification (1)		Name of Building Owner/Operator (2) Brandywine Operating Partners, LP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 Midlantic Drive  City, State, Zip Code Mt. Laurel, NJ 08054  Name of Contact Robert Barone
			Telephone  
	<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) unnamed		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 E. Clementon Drive		Square Feet 83,000	# of Floors 1&2
City (5) Gibbsboro		Bldg. Age 40	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.
Street Address 1102 Baltimore Pike		Street Address 550 East Union St.	
City, State, Zip Code Glen Mills, PA 19342		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Dave Brown		Telephone No. 610-558-8902	Telephone No. 610-701-9000
License No. 00508			
Start Date (10) 11/25/13	Scheduled Completion Date (11) 12/13/13	Name of OSHA Monitor Vertex	
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 1102 Baltimore Pike  City, State, Zip Code Glenn Mills, PA 19342	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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)
	Yes	No	
roof			X
exterior windows			X
Amount (Specify SF or LF)		Abatement Type	
55,600 SF		Removal	Repair
1,900 LF		Encapsulate	Enclosure
Name of Registered Waste Hauler JP Fidler		NJDEP Waste Hauler ID No. 1620498	Cubic Yards of Waste 510
Name of Registered Landfill Days Cove Reclamation Company		Disposal Date Various	
City, State 2101 Derby Drive, Cinnaminson, NJ		City, State 6425 Days Cove Rd., White Marsh, MD	
Completed by Robert M. Casciato	Title President	Signature 	Date 11/18/13



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

Date of Notification (1)		Name of Building Owner/Operator (2) Brandywine Operating Partners, LP							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 Midlantic Drive  City, State, Zip Code Mt. Laurel, NJ 08054  Name of Contact Robert Barone						
			Telephone Number  						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) unnamed		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 E. Clementon Drive		Square Feet 83,000	# of Floors 1&2						
City (5) Gibbsboro		Bldg. Age 40							
County (6) Camden		County Code (7) (STATE USE ONLY) _____							
		Current Use (Prior if being demolished) office							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____							
Street Address 1102 Baltimore Pike		Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.							
City, State, Zip Code Glen Mills, PA 19342		Street Address 550 East Union St.							
Project Manager for Monitoring Firm Dave Brown		City, State, Zip Code West Chester, PA 19382							
Telephone No. 610-558-8902		Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 11/18/13	Scheduled Completion Date (11) 12/13/13		Name of OSHA Monitor Vertex						
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 1102 Baltimore Pike						
			City, State, Zip Code Glenn Mills, PA 19342						
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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			X	Built up roofing	55,600 SF	X			
exterior windows			X	Window caulk	1,900 LF	X			
Name of Registered Waste Hauler JP Fidler		NJDEP Waste Hauler ID No. 1620498	Cubic Yards of Waste 510	Name of Registered Landfill Days Cove Reclamation Company					
City, State 2101 Derby Drive, Cinnaminson, NJ			Disposal Date Various	City, State 6425 Days Cove Rd., White Marsh, MD					
Completed by Robert M. Casciato		Title President	Signature 			Date 10/29/13			

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

Date of Notification (1) November 20th, 2013			Name of Building Owner/Operator (2) TEAM Charter Schools						
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		60 Park Pl. Suite 802					
				City, State, Zip Code Newark NJ 07102					
				Name of Contact Jose Pacheco					
				Telephone No. _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) TEAM Charter School				Type of Facility (4)					
				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 229 18th ave				Square Feet aprx 60000					
City (5) Newark				# of Floors 5					
				Bldg. Age 80+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Construction Rehab Site					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering Inc.			ASCM No. 00121		Name of Abatement Contractor (9) Niram Inc				
Street Address 26 Columbia Tpk.			Street Address 91 Fulton str.						
City, State, Zip Code Florham Park, NJ 07932			City, State, Zip Code Boonton, NJ 07005						
Project Manager for Monitoring Firm Eric Gratson, CHMM		Telephone No. 973-585-9041		Telephone No. 973-299-4455					
				License No. 01081					
Start Date (10) 11.25.13		Scheduled Completion Date (11) 01.31.14		Name of OSHA Monitor Niram Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 91 Fulton str					
<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: Occupied with construction only, no school in session.				City, State, Zip Code Boonton, NJ 07005					
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
Floors 1-5		x		Surfacing	40500 SF	x			
Floors 1-4		x		Thermal System Insulation	1000 LF	x			
Floors 1-5		x		VAT	600 SF	x			
Floors 1-5		x		Fire Doors	30 Ea	x			
Name of Registered Waste Hauler TriState Transfer			NJDEP Waste Hauler ID No. 2A-456		Cubic Yards of Waste 400		Name of Registered Landfill Minerva Enterprises Inc		
City, State Bronx, New York			Disposal Date 12/05/13-02/20/14		City, State Waynesburg Ohio				
Completed by Marcin Owczarski			Title Pr. Mngr.		Signature 		Date 11/20/2013		





## NIRAM, INC.

91 Fulton Street, Unit #4  
Boonton, NJ 07005  
www.niram.com

Toll free: 800-235-NIRAM

TEL: (973) 299-4455  
FAX: (973) 299-7010

**TO:**

NJ DOL  
1 John Fitch Plaza  
PO Box 949  
Trenton, NJ 08625  
Attn: Thoms Worhees

**November 11, 2013**

Thomas,

Please find attached:

- Notification form.
- Letter from the Owner
- Company Check.

If any further information is required please contact :

Marcin Owczarski – Niram Inc. – 973-229-4455 or email : [marcino@niram.com](mailto:marcino@niram.com)

Eric Gratson – Matrix Engineering- 973-585-9041

Thank You,  
Marcin Owczarski  
Niram Inc.



November 19, 2013

Mr. Thomas Voorhees  
New Jersey Department of Labor  
Asbestos Control and Licensing Unit  
One John Fitch Plaza, PO Box 959  
Trenton, New Jersey 08625-0959

RE: CHANGE OF ASBESTOS ABATEMENT CONTRACTOR  
18<sup>TH</sup> AVENUE SCHOOL PROJECT  
229 18<sup>TH</sup> AVENUE  
NEWARK, NEW JERSEY  
MATRIX PROJECT NO. 12-418E

Dear Mr. Voorhees:

Please be advised that after the completion of the asbestos abatement work in the basement level Boiler Room, the current asbestos abatement contractor (Joseph Environmental) will be replaced with a new asbestos abatement contractor (Niram, Inc.). Niram will be providing an amended notification to New Jersey Department of Labor (NJDOLE). As the Asbestos Safety Control Monitor (ASCM) firm for the project, Matrix New World Engineering, Inc. (Matrix) will provide an amended notification to the New Jersey Department of Community Affairs (NJDOA) and will modify the asbestos abatement permit with the City of Newark, New Jersey.

Thank you for your attention to this project. Please feel free to contact me should you have any questions or require additional information.

Sincerely,



Hannah Richman  
Secretary



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

Check # 7324

Date of Notification (1) <b>11/18/13</b>		Name of Building Owner/Operator (2) <b>Jupiter Environmental Services, Inc.</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>3 Lynn Court</b>	
		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>	
		Name of Contact <b>Pane Repic</b>	Telephone Number <b>973-709-0200</b>

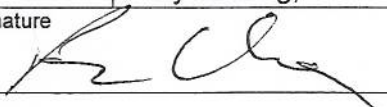
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Commercial Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>323 Changebridge Road</b>			Square Feet <b>10000</b>	# of Floors <b>1</b>	Bldg. Age <b>~ 50</b>
City (5) <b>Pine Brook</b>	County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner <b>J &amp; S Environmental Laboratories</b>		ASCN No. <b>00</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>2333 Route 22W</b>			Street Address <b>3 Lynn Court</b>		
City, State, Zip Code <b>Union, NJ 07083</b>			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>11/29/13</b>	Sched. Completion Date (11) <b>12/31/13</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe: partially vacated			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- |                                                        |                                     |                                                                             |
|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf                |                                     | <input type="checkbox"/> Mini – Enclosure                                   |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|                                                        |                                     | <input checked="" type="checkbox"/> Non – Friable Procedure                 |

Location of Asbestos – Containing Material (ACM) 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	N	E	
First floor		x		VAT, miscellaneous	13000 SF	X				
Bathroom		x		Surfacing materials	120 SF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>20</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>12/27/13</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>11/18/13</b>