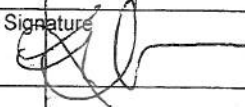


Courtesy notification
no fee required

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

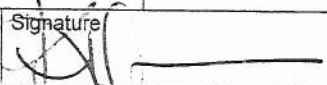
Government property

Date of Notification (1) 11 / 17 / 14		Name of Building Owner/Operator (2) U.S. Army / Job # 1411-1932 Chk. #NA							
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 PO Box 148 City, State, Zip Code Oceanport, NJ 07757 Name of Contact Regina McGrade Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fort Monmouth - Building 900		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 900 Murphy Drive		Square Feet 3393							
City (5) Fort Monmouth		# of Floors 1							
County (6) Monmouth		Bldg. Age 56							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCN No.							
Street Address PO Box 336		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Dave Flanigan		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 856-848-0800		Telephone No. 609-702-0400							
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 12 / 01 / 14		Scheduled Completion Date (11) 12 / 5 / 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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
Bottom 4' of Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM debris		<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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ		Disposal Date 12/5/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-18-14			

COURTESY NOTIFICATION
NO FEE REQUIRED.

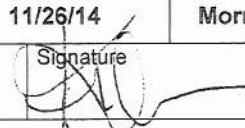
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Government Property

Date of Notification (1) 11 / 17 / 14		Name of Building Owner/Operator (2) USCG Training Center		Job # 1411-1931 Chk. #NA							
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 1 Munro Avenue							
		City, State, Zip Code Cape May, NJ 08204		Telephone Number							
		Name of Contact Robert Ardelean									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) USCG Training Center Building No 204			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 1 Munro Avenue			Square Feet 17000								
City (5) Cape May			# of Floors 4		Bldg. Age 47						
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 336		Street Address 3859 Sylon Boulevard									
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800		License No. 00862							
Start Date (10) 11 / 18 / 14		Scheduled Completion Date (11) 11 / 28 / 14		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North								
			City, State, Zip Code Cinnaminson, NJ 08077								
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
Building 204		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Exterior Transite Panels		300 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ				Disposal Date 11/28/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-17-14					

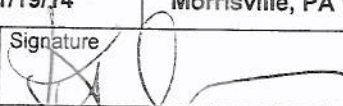
NO CK

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

Date of Notification (1) 11 / 3 / 14			Name of Building Owner/Operator (2) New Hanover LLC c/o Vornado Realty Trust / Job # 1410-1928 Chk. #NA						
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 210 Route 4 East					
		City, State, Zip Code Paramus, NJ 07652		Telephone Number					
		Name of Contact Mr. John Baytala							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Hanover Former Car Wash				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 280 Route 10 West				Square Feet 1544					
City (5) East Hanover				# of Floors 1					
				Bldg. Age 50					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Carwash - Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Absolutely Clean Environmentl		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 53 Orleans Green		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Coram, NY 11727		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Jeff Sheridan		Telephone No. 516-644-3253		License No. 00862					
Start Date (10) 11 / 19 / 14		Scheduled Completion Date (11) 11 / 26 / 14		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing/Flashing	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior - AC Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell Insulation	20 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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ				Disposal Date 11/26/14	City, State Morrisville, PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-17-14			

NO CK

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

Date of Notification (1) 10 / 14 / 14		Name of Building Owner/Operator (2) Leap Cramer Hill, LLC		Job # 1410-1924 Chk. # NA	
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 549 Cooper Street			
		City, State, Zip Code Camden, NJ 08102			
			Name of Contact Manny Delgado		Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Leap Academy Charter Schol - Wilson Building				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 130 North Broadway					
City (5) Camden				Square Feet 73,000	# of Floors 12
				Bldg. Age 1926	
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Oxford Engineering Company		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 336 Point Street				Street Address 3859 Sylon Boulevard	
City, State, Zip Code Camden, NJ 08102				City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Wm. Wayn Moran		Telephone No. 856-541-0700		Telephone No. 609-702-0400	License No. 00862
Start Date (10) 10 / 27 / 14		Scheduled Completion Date (11) 11 / 19 / 14		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
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 checked="" type="checkbox"/> WRAP & CUT METHODS <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)
	Yes	No	N/A		
See Attached Scope of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Schedule - 3 pages attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 8	
City, State Freehold, NJ				Name of Registered Landfill GROWS Landfill	
				Disposal Date 11/19/14	
City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 11-11-14	

SCOPE OF WORK SCHEDULES
The Wilson Building
First Floor through Twelfth Floor
130 North Broadway
Camden, New Jersey

LOCATION: First Floor through Twelfth Floor - The Wilson Building

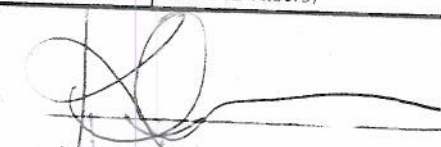
Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

LOCATION	MATERIAL TYPE	QUANTITY	ABATEMENT METHOD
First Floor:			
First Floor, Column Enclosure (A-3-4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (A-5-6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-3)	3" Compressed Paper Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-5-6)	6" Block Pipe Insulation Riser (2 Risers)	40 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-1-2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-5-6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-1-2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Insulation Riser	26 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Joint Insulation	2 Jts	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-5-6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-1-2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-4)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-5-6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-1-2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-5-6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique

First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Compressed Paper Pipe Insulation Riser	11 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Pipe Joint Insulation	1 Jt.	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	210 LF	Intact Wrap and Cut Pipe Technique
Second Floor:			
Second Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor:			
Third Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor:			
Fourth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor:			
Fifth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor:			
Sixth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique

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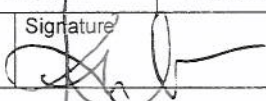
Seventh Floor:			
Seventh Floor, Column Enclosure (A-3-4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (A-5-6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (B-5-6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor:			
Eighth Floor, Column Enclosure (A-3-4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (A-5-6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (B-5-6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (C-1-2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (K-1-2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Ninth Floor:			
Ninth Floor	N.A.	N.A.	Clean-up and Disposal of Non-ACM Demolition Debris Only
Tenth Floor:			
Tenth Floor, Column Enclosure (A-3-4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (A-5-6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (B-5-6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor:			
Eleventh Floor, Column Enclosure (A-3-4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (A-5-6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (B-5-6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor:			
Twelfth Floor, Column Enclosure (A-3-4)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (A-5-6)	6" Block Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (B-5-6)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique



Kimberly Anne Thomsen, AISC CEC

11-11-14

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

Date of Notification (1) 10 / 14 / 14		Name of Building Owner/Operator (2) Leap Cramer Hill, LLC		/ Job # 1410-1924 Chk. # NA	
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 549 Cooper Street		
			City, State, Zip Code Camden, NJ 08102		
			Name of Contact Manny Delgado		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Leap Academy Charter Schol - Wilson Building				Type of Facility (4) <input type="checkbox"/> FORMCHECKBOX 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 130 North Broadway					
City (5) Camden		Square Feet 73,000		# of Floors 12	Bldg. Age 1
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Oxford Engineering Company		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 336 Point Street		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Camden, NJ 08102		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Wm. Wayn Moran		Telephone No. 856-541-0700		Telephone No. 609-702-0400	License No. 00862
Start Date (10) 10 / 27 / 14		Scheduled Completion Date (11) 11 / 12 / 14		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
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 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)
	Yes	No	N/A		
See Attached Scope of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Schedule - 3 pages attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 8	Name of Registered Landfill GROWS Landfill
City, State Freehold, NJ		Disposal Date 11/12/14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	Date 10-29-14

SCOPE OF WORK SCHEDULES
The Wilson Building
First Floor through Twelfth Floor
130 North Broadway
Camden, New Jersey

LOCATION: First Floor through Twelfth Floor - The Wilson Building

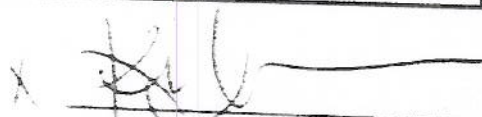
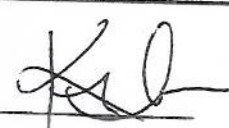
Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

LOCATION	MATERIAL TYPE	QUANTITY	ABATEMENT METHOD
First Floor:			
First Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-3)	3" Compressed Paper Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	40 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Insulation Riser	26 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Joint Insulation	2 Jts	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-4)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique

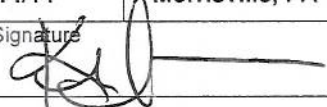
First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Compressed Paper Pipe Insulation Riser	11 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Pipe Joint Insulation	1 Jt.	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	210 LF	Intact Wrap and Cut Pipe Technique
Second Floor:			
Second Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor:			
Third Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor:			
Fourth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor:			
Fifth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor:			
Sixth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique

Page 4 of 4


Seventh Floor:			
Seventh Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor:			
Eighth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (C-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Ninth Floor:			
Ninth Floor	N/A	N/A	Clean-up and Disposal of Non-ACM Demolition Debris Only
Tenth Floor:			
Tenth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor:			
Eleventh Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor:			
Twelfth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique



 10-29-14
 Submitted by: Kimberly Anne Thornbush, AMS LLC
 Date: 11/11/14

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 / 18 / 14</div>			Name of Building Owner/Operator (2) New Jersey Manufacturers Insurance Co. / Job # 1411-1930 Chk. #3835									
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 301 Sullivan Avenue City, State, Zip Code West Trenton, NJ Name of Contact Mr. Paul Rosenwinkel Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) NJM Insurance			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 301 Sullivan Avenue			Square Feet 498,000									
City (5) West Trenton			# of Floors 4		Bldg. Age 1966							
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Administrative Offices								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.								
Street Address PO Box 336		Street Address 3859 Sylon Boulevard		City, State, Zip Code Hainesport, NJ 08036								
City, State, Zip Code Thorofare, NJ 08086		Telephone No. 856-848-0800		License No. 00862								
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800		Name of OSHA Monitor EMSL Analytical, Inc.								
Start Date (10) 11 / 28 / 14		Scheduled Completion Date (11) 12 / 14 / 14		Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check only one) <input checked="" 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: <u>WEEKEND WORK ONLY (3 WEEKENDS - INC. FRIDAY NIGHTS)</u> Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077									
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) 1189 SF		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Security Station & Wellness Center		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill						
City, State Freehold, NJ				Disposal Date 12/14/14		City, State Morrisville, PA 19067						
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 				Date 11-18-14				

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

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 11 / 18 / 14 </div>			Name of Building Owner/Operator (2) Mr. Emile Fritz / Job # 1411-1934 Chk. #3834 <div style="text-align: right; font-size: small;">2014 NOV 21 AM 3:22</div>						
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 27 Grandview Drive City, State, Zip Code Woodstown, NJ 08098 Name of Contact Robert Fritz Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			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 27 Grandview Drive									
City (5) Woodstown			Square Feet 2160	# of Floors 5	Bldg. Age 57				
County (6) Salem		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 336		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 12 / 3 / 14		Scheduled Completion Date (11) 12 / 5 / 14		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
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"/> Negative Pressure Enclosure <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
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th Floor Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	300 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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 12/5/14	City, State Morrisville, PA 19067						
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 		Date 11-18-14				

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CL # 2735

Date of Notification (1) 11/18/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 1700 Riverton Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Cinnaminson NJ 08077	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ALEX BAYLOR	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RIVERTON 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 (i.e. private & commercial buildings, homes, etc.)		
Street Address 1700 RIVERTON ROAD			Square Feet 17000	# of Floors 2	Bldg. Age
City (5) CINNAMINSON	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET			
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 12/2/14	Scheduled Completion Date (11) 12/3/14		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM -1:00 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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
AIR DRYER AREA MAIN FLOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	25 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"/>
	<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 20	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 11/18/14

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

CR # 2734
2014 NOV 21 AM 3:18

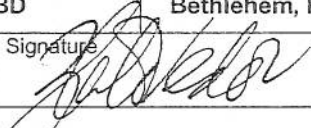
Date of Notification (1) <div style="text-align: center;">11 / 18 / 14</div>		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 MONTGOMERY PLACE	
		City, State, Zip Code PITTSBURGH, PA 15212	
		Name of Contact ANTHONY PORTA	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON PASSAIC 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 and commercial buildings, homes, etc.)	
Street Address 133 PROSPECT STREET			
City (5) PASSAIC		Square Feet 88125	# of Floors _____
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET	
City, State, Zip Code PHILADELPHIA		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MARK JENKINS		Telephone No. 215-365-5810	License No. 00509
Start Date (10) <div style="text-align: center;">12 / 3 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 5 / 14</div>	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00PM-1:30AM		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT 3RD FLOOR POWER RM	<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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste _____
City, State NEW CASTLE, DE		Disposal Date _____	Name of Registered Landfill MINERVA LANDFILL
City, State WAYNESBURG, OH			
Completed By (Print or Type) PATRICK T. DeCARO	Title ESTIMATOR	Signature <i>Patrick T. DeCaro</i>	Date 11/18/14

ASB-41
JAN 13 PD 14087

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

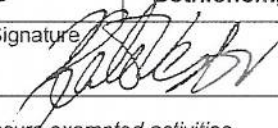
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">11 / 18 / 14</div>		Name of Building Owner/Operator (2) Wild Heart Bulk Landscaping Supplies		2014 NOV 21 AM 3:17						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 334 Elizabeth Ave., Ste. B City, State, Zip Code Somerset, NJ 08873 Name of Contact Al Sharback						
				Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)						
Street Address 472 Stockton Street										
City (5) Princeton				Square Feet	# of Floors					
				Bldg. Age						
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224				Street Address 27 Outwater Lane						
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188					
Start Date (10) <div style="text-align: center;">12 / 01 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">01 / 22 / 15</div>		Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
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)					
		Yes	No			N/A				
HVAC Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master Bedroom and Bath		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Material	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Bottom 2 layers	2700 SF	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. Q4509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ				Disposal Date TBD	City, State Bethlehem, PA					
Completed By (Print or Type) Zlata Veskov		Title Office Manager		Signature 						
				Date 11/18/14						

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

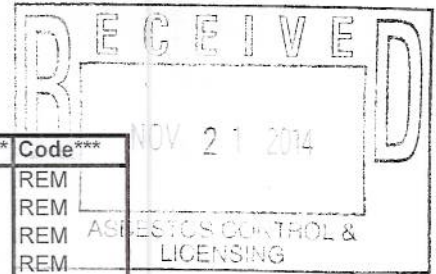
RECEIVED

Date of Notification (1) 11 / 18 / 14		Name of Building Owner/Operator (2) Jay Stark							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 229 Spier Avenue							
		City, State, Zip Code Allenhurst, NJ 07711							
		Name of Contact Jay Stark	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)							
Street Address 219 Spier Avenue									
City (5) Allenhurst		Square Feet	# of Floors Bldg. Age						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
License No. 1188									
Start Date (10) 11 / 20 / 14	Scheduled Completion Date (11) 12 / 31 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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
1 st Floor (2) Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 nd Floor (1) Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 rd Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residue	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler All Pro Management		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zlata Veskov		Title Office Manager		Signature 		Date 11/18/14			

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NOV 21 2014
ASBESTOS CONTROL &
LICENSING

ASB-41

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



Rowan University - Abandoned house

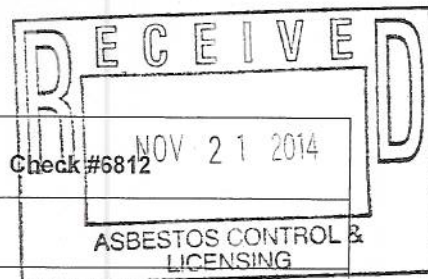
DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
transite on homasote (transite only)	attic and basement stairwells	200	SF	REM
tan linoleum	kitchen	150	SF	REM
window glazing	basement	50	LF	REM
window glazing	exterior	280	SF	REM
window door/caulk	exterior	170	LF	REM

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

Check 2288

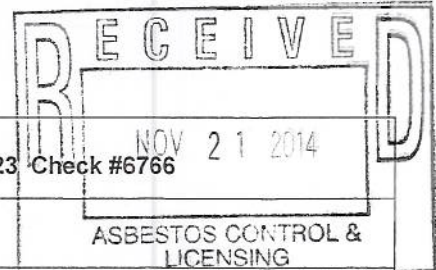
Date of Notification (1) 11 / 20 / 14		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308	
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		Telephone Number SOS CONTROL & SENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 27 NORTH WARD AVENUE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) RUMSON	County (6) MONMOUTH	County Code (7)	Square Feet # Of Floors Building Age
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code East Hanover, NJ 07036	
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Scheduled Start Date (10) 12 / 02 / 14	Sched. Completion Date (11) 12 / 05 / 14	Telephone Number 973-884-8682	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		License Number 00860	
Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		Street Address 32 Williams Parkway	
City, State, Zip Code East Hanover, NJ 07036		City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <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 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)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	25 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature 	Date 11/20/14

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



Date of Notification (1) 11 / 18 / 14		Name of Building Owner/Operator (2) City of Hackensack / Job #1411-4843 Check #6812							
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 65 Central Ave. City, State, Zip Code Hackensack, NJ 07601 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Engine #2 Firehouse Rehabilitation		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 107 Summit Ave.		Square Feet	# of Floors						
City (5) Hackensack		Bldg. Age							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 20-21 Wagaraw Rd		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Willy Morales		Telephone No. 973-636-9145	License No. 00529						
Start Date (10) 11 / 28 / 14	Scheduled Completion Date (11) 12 / 4 / 14	Name of OSHA Monitor EMSL Analytical							
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: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	330 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 12/4/14		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 11/17/14			

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



Date of Notification (1) 11 / 18 / 14		Name of Building Owner/Operator (2) Johnson & Johnson / Job #1409-4823		Check #6766
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 One Johnson & Johnson Plaza	
			City, State, Zip Code New Brunswick, NJ 08933	
			Name of Contact Mohamed Hussain	Telephone Number

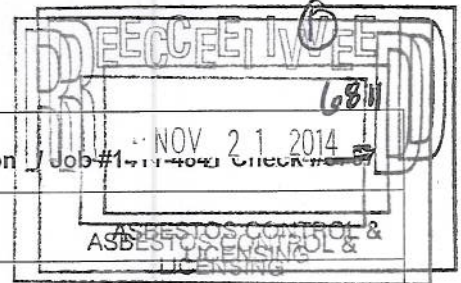
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mercer County Airport		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 1100 Terminal Circle Drive			
City (5) West Trenton		Square Feet	# of Floors
County (6) Mercer		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Airport	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	
Street Address 318 12th Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State, Zip Code Hammonton, NJ 08037		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00529
Start Date (10) 12 / 1 / 14		Scheduled Completion Date (11) 12 / 12 / 14	
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: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical	
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		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Wrap & dust <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
Mezzanine/Hangar/Storage Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	150 each	<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"/>

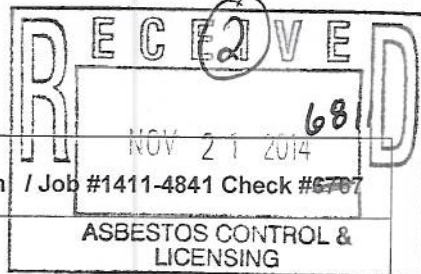
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 12/12/14		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 11/17/14

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



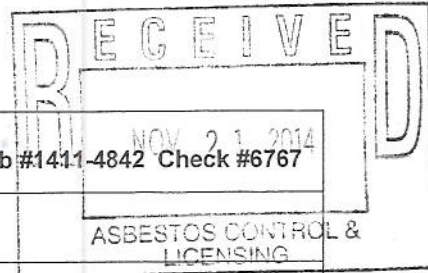
Date of Notification (1) <div style="text-align: center;">11 / 18 / 14</div>			Name of Building Owner/Operator (2) PSE&G Delivery, Projects & Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 80 Park Plaza City, State, Zip Code Newark, NJ 07101 Name of Contact Larry Eddinger					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Plainfield Substation				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 241 W. 2nd Street				Square Feet # of Floors Bldg. Age					
City (5) Plainfield		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Utility					
County (6) Union									
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 318 12th Street				Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Hammonton, NJ 08037				City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		License No. 00529					
Start Date (10) <div style="text-align: center;">12 / 1 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 3 / 14</div>		Name of OSHA Monitor EMSL Analytical					
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: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
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
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite floor panels	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office & Bathroom Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tiles	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk	100 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"/>	Roofing Materials	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.		NJDEP Waste Hauler ID No. 412852		Cubic Yards of Waste 10	Name of Registered Landfill Wayne Disposal Inc.				
City, State Flanders, NJ				Disposal Date 12/3/14	City, State Belleville, MI				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11/17/14			

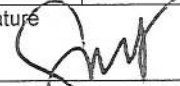
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



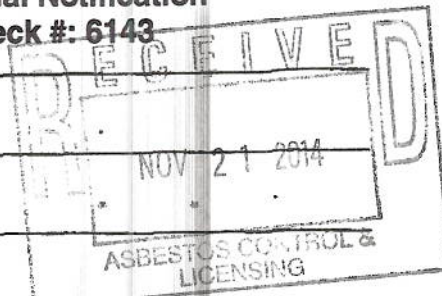
Date of Notification (1) 11 / 18 / 14			Name of Building Owner/Operator (2) PSE&G Delivery, Projects & Construction			Job #1411-4841 Check #6767						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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 80 Park Plaza			ASBESTOS CONTROL & LICENSING					
				City, State, Zip Code Newark, NJ 07101								
				Name of Contact Larry Eddinger			Telephone Number					
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) PSE&G Plainfield Substation						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 241 W. 2nd Street												
City (5) Plainfield						Square Feet		# of Floors	Bldg. Age			
County (6) Union			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Utility						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 318 12th Street					Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hammonton, NJ 08037					City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor			Telephone No. 609-704-8850		Telephone No. 609-265-2107			License No. 00529				
Start Date (10) 12 / 1 / 14		Scheduled Completion Date (11) 12 / 3 / 14			Name of OSHA Monitor EMSL Analytical							
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: _____AM-_____PM/_____PM-_____AM						Street Address 200 Route 130 North						
						City, State, Zip Code Cinnaminson, NJ 08077						
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
Control House		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Doors		6 each		<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 Veolia ES Technical Solutions, L.L.C.			NJDEP Waste Hauler ID No. 412852		Cubic Yards of Waste 10		Name of Registered Landfill Wayne Disposal Inc.					
City, State Flanders, NJ					Disposal Date 12/3/14		City, State Belleville, MI					
Completed By (Print or Type) Gwendolyn Trumbetti			Title Operations Coordinator			Signature 			Date 11/17/14			

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



Date of Notification (1) 11 / 18 / 14			Name of Building Owner/Operator (2) PSE&G Delivery, Projects & Construction / Job #1411-4842 Check #6767		
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 80 Park Plaza City, State, Zip Code Newark, NJ 07101 Name of Contact Matt Dandurand Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G Aldene Switching Station & Substation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 778 South Ave.			City (5) East Cranford		
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 318 12th Street		City, State, Zip Code Hammonton, NJ 08037		Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		License No. 00529	
Start Date (10) 12 / 1 / 14		Scheduled Completion Date (11) 12 / 3 / 14		Name of OSHA Monitor EMSL Analytical	
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: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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)	
		Yes	No		
Exterior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Stucco
Exterior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Holes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.		NJDEP Waste Hauler ID No. 412852		Cubic Yards of Waste 10	
City, State Flanders, NJ		Disposal Date 12/3/14		Name of Registered Landfill Wayne Disposal Inc. City, State Belleville, MI	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature  Date 11/17/14	

Date of Notification (1) 11/17/14		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <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		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number	



Name of Facility Where Abatement is Taking Place (3) Benjamin Franklin School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 42 Park Avenue			Square Feet 45000		
City (5) Newark, NJ 07104			# of Floors 2		
County (6) Essex			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00003			Street Address 180 Sargeant Avenue		
Street Address 1253 North Church Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Moorestown, NJ 08057			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Jim Guillard			License Number 00807		
Telephone Number 856-840-8800			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 11/18/14			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 11/30/14			City, State, Zip Code Clifton, NJ 07013		
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:					

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) 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	N	E	
Tower Room	X	Ceiling and Wall Plaster	880 SF	X				

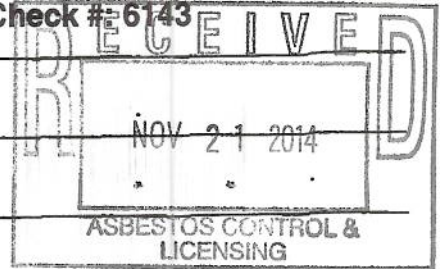
Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 11/17/14

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

Initial Notification

Check # 6143

Date of Notification (1) 11/17/14		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <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		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number	



Name of Facility Where Abatement is Taking Place (3) Benjamin Franklin 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 42 Park Avenue			Square Feet 45000		
City (5) Newark, NJ 07104			# of Floors 2		
County (6) Essex			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 1253 North Church Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Jim Guillard			Telephone Number 856-840-8800		
Telephone Number 856-840-8800			License Number 00807		
Scheduled Start Date (10) 11/18/14			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 11/30/14			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, NJ 07013		

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) 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	N	E
Tower Room	X	Ceiling and Wall Plaster	880 SF	X			

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 11/17/14