

CK#5690

Print Form


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

11 OPEN  
NOTIFICATION

Date of Notification (1) <b>10/7/14</b>		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact <b>MAGUETTE FALL</b>	Telephone Number 2014 OCT -8 PM 4:30						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>1389 RTE 202 NORTH</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>NESHANIC STATION</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>SOMERSET</b>		Bldg. Age <b>N/A</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) <b>10/17/14</b>	Scheduled Completion Date (11) <b>10/31/14</b>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
<b>OUTSIDE</b>		<b>X</b>			<b>ACM TRANSITE PIPE</b>	<b>35 LF</b>		<b>X</b>	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>		Date <b>10/7/14</b>				

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

ch 4 2255

Date of Notification (1) 10 / 08 / 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		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308 Name of Contact Jim Halsey Telephone Number 21			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3)  Street Address 185 NORWOOD AVE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)				
City (5) DEAL	County (6) OCEAN	County Code (7)	Square Feet	# Of Floors	Building Age		
			Current Use (Prior if being demolished) Telephone Pole				
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO	LVI Demolition Services Inc.				
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway					
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code East Hanover, NJ 07036					
Project Mng. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	Telephone Number 973-884-8682				
Sched. Start Date (10) 10 / 23 / 14		Sched. Completion Date (11) 10 / 27 / 14	License Number 00860				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:30 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036				
Scope of Work (Check All That Apply)  <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)  YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 10/08/14		

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

*Ch # 2256*

Date of Notification (1) 10 / 08 / 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 <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
		Street Address 76 South Street			
		City, State, Zip Code Akron, Ohio 44308			
		Name of Contact Jim Halsey Telephone 			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3)  Street Address 231 PARK 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) OCEAN	County (6) MONMOUTH	County Code (7)	Square Feet	# Of Floors	Building Age
			Current Use (Prior if being demolished) Telephone Pole		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO			
Street Address 655 West Shore Trail		LVI Demolition Services Inc.			
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway			
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036			
Telephone Number 212-682-9271		Telephone Number 973-884-8682		License Number 00860	
Schedul Start Date (10) 10 / 22 / 14		Sched. Completion Date (11) 10 / 24 / 14			
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:			Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >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  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L    R E P A I R    E N C A P S U L    E N C L O S U R	
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
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 <i>Steven Stiles</i>		Date 10/08/14


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

Ch 4 2253

Date of Notification (1) 10 / 08 / 14		Name of Building Owner / Operator (2) STATE OF NEW JERSEY, DEPT OF TREASURY	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	POST OFFICE BOX 002	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	TRENTON, NJ 08625	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification	Name of Contact	
<input type="checkbox"/>	<input type="checkbox"/> Cancellation	ROBERT SHAUGHNESSY	
<div style="text-align: right;">2014 OCT -8 PM 4:36</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GREYSTONE PARK PSYCHIATRIC HOSPITAL NORTH COTTAGE		Type of Facility (4)	
Street Address 1 CENTRAL AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) PARSIPPANY	County (6) MORRIS	County Code (7)	Building Age 40+
		Square Feet 18,000	# Of Floors 3
		Current Use (Prior if being demolished) HOUSING	
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	
Street Address 907 Doolittle Drive		NORTHSTAR CONTRACTING GROUP, INC	
City, State, Zip Code Bridgewater, NJ 08807		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Eric Houseknecht		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-218-1108		Telephone Number 973-884-8682	License Number 00860
Sched. Start Date (10) 10 / 21 / 14		Sched. Completion Date (11) 10 / 20 / 15	
Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____		32 Williams Parkway	
<input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 3:30PM		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input 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)	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		Abatement Type
INTERIOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PLASTER	71,500 SF
EXTERIOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FELT PAPER	12,000 SF
EXTERIOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WATERPROOFING	5,000 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Name of Registered Landfill G.R.O.W.S
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
			Date 10/08/14

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

Check 2252

Date of Notification (1) 10 / 08 / 14		Name of Building Owner / Operator (2) STATE OF NEW JERSEY, DEPT OF TREASURY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address POST OFFICE BOX 002		City, State, Zip Code TRENTON, NJ 08625	
Name of Contact ROBERT SHAUGHNESSY		Telephone #	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GREYSTONE PARK PSYCHIATRIC HOSPITAL CHIEF'S HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 1 CENTRAL AVENUE		Building Age 40+	
City (5) PARSIPPANY	County (6) MORRIS	County Code (7)	Square Feet 5,000
			# Of Floors 2
			Current Use (Prior if being demolished) HOUSING
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO NORTHSTAR CONTRACTING GROUP, INC	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Sched. Start Date (10) 10 / 21 / 14		Sched. Completion Date (11) 10 / 20 / 15	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 3:30PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING MATERIAL	2,000 SF
	<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 NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Name of Registered Landfill G.R.O.W.S
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature  Date 10/08/14

Ch. 2251

ASB-41

CK 26045

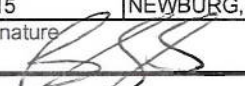
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10 / 7 /14		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 LAKESIDE BLVD.	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code LANDING, NEW JERSEY 07850	
		Name of Contact DOUGLAS O'HARE	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 71 MADISON AVENUE		Square Feet 113,347	# of Floors 5
City (5) JERSEY CITY		County (6) HUDSON COUNTY	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 436 WALNUT STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PHILADELPHIA, PA 19106		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm FRANK WESTFALL		Telephone Number 215-640-5320	License Number 1101
Expected State Date (10) 10 / 20 /14 Month Day Year		Sched. Completion Date (11) 2 / 15 /15 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		Full Containment with Negative Pressure Mini-Enclo.: Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
FLOORS 1-5 EAST ELEVATION EXTERIOR			X	EXTERIOR CAULK	58 SF	X			
FLOORS 1-5 EAST ELEVATION EXTERIOR			X	STONE CAULK	66 SF	X			


Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/7/14

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

<b>Date of Notification (1)</b> 10 / 6 / 14		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> MIKE LATRONICA		<b>Telephone Number</b> 201-411-8144	

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 805		<b>Square Feet</b> 23,835	<b># of Floors</b> 2
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 10 / 7 / 14		<b>Sched. Completion Date (11)</b> 2 / 15 / 15	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
WINDOW CAULK	X			WINDOW CAULK	2,000 LF	X			
ROOFING	X			ROOFING	12,600 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 9/29/2014-02/15/2015		<b>City, State</b> MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/6/14

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

<b>Date of Notification (1)</b> 9 / 23 /14		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.					
<b>Agencies Notified</b>		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-414 PM 4:33					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		<b>Name of Contact</b> MIKE LATRONICA	
				<b>Telephone Number</b>			
<b>FACILITY INFORMATION</b>							
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 805				<b>Square Feet</b> 23,835		<b># of Floors</b> 2	
<b>Bldg. Age</b> 35							
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION		<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished) Pharm. Lab.</b> VACANT- (Areas fences from operational areas)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 17		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Street Address</b> 313 SPOOK ROCK ROAD			
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901			
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>Telephone Number</b> 973-729-5649		<b>License Number</b> 845-369-7500 1101	
<b>Expected State Date (10)</b> 9 / 29 /14		<b>Sched. Completion Date (11)</b> Month Day Year 11 / 1 /14		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480			
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM				<b>Street Address</b> 117 EAST 30TH STREET			
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>		<b>Amount (Specify SF or LF)</b>	
WINDOW CAULK		X		WINDOW CAULK		2,000 LF	
ROOFING		X		ROOFING		12,600 SF	
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 120		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 9/29/2014-11/1/2014		<b>City, State</b> MONTGOMERY, PA 17752		<b>Date</b> 9/23/14	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 			

(Pursuant to NJAC 8:60-7 and 12:120-7)


NEW YORK, NEW YORK 10016

<input type="checkbox"/>	Full Containment with Negative Pressure
<input type="checkbox"/>	Mini-Enclos
<input type="checkbox"/>	<b>Glovebag Procedure</b>
<input checked="" type="checkbox"/>	<b>Non-Friable Procedure</b>

ENCLOSURE
ENCAPSULE
REPAIR
REMOVAL

Date \_\_\_\_\_

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

Date of Notification (1) 10-7-14		Name of Building Owner/Operator (2) Jersey City Municipal Utilities Authority		2014 OCT -8 PM 4:32	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		501 Route 440	
				City, State, Zip Code Jersey City, New Jersey	
		Name of Contact David Ambrose		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Jersey City Bayfront Incinerators				Type of Facility (4)	
Street Address 501 Route 440				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City, New Jersey 07305				Square Feet 45,000	# of Floors 6
				Bldg. Age 1975	
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Not in use	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.		Name of Abatement Contractor (9) Gramercy Group Inc.	
Street Address 280 Huyler Street,				Street Address 3000 Burns Avenue	
City, State, Zip Code So. Hackensack NJ 07606				City, State, Zip Code Wantagh NY 11793	
Project Manager for Monitoring Firm Veronica Kero		Telephone No. 201-489-8700		Telephone No. 516-876-0020	License No. 01085
Start Date (10) 10-21-14		Scheduled Completion Date (11) 1-31-15		Name of OSHA Monitor Gramercy Group Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 3000 Burns Avenue	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility scheduled for demolition. No occupancy				City, State, Zip Code Wantagh, NY 11793	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Please see attached list			X	See attached list	Attached
					X
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227		Cubic Yards of Waste 200	Name of Registered Landfill Cumberland County Landfill
City, State Northampton, PA 18067		Disposal Date 1-31-15		City, State Shippensburg PA, 17257	
Completed by Robert Lewin		Title Environmental Coordinator		Signature 	Date 10-7-14


# SUMMARY OF HAZARDOUS MATERIALS

## For Asbestos

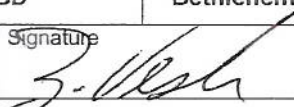
Sample Number	Material	General Location	Approximate Quantities
Contractor Garage			
200	Pipe insulation elbows	Office 1, Break room	4 each
201	Pipe insulation	Office 1, Break room	30 ln ft.
202	Black Mastic on Duct Insulation	Loft	250 sq. ft.
306	9"x9" Floor tile, red and associated black mastic	Office 1, Office 2, Break room, Band room	500 sq. ft.
309	Caulk, steel beams exterior	Exterior steel beams	2,100 ln. ft.
311	Window caulk	Windows	225 sq. ft.
313	Floor tile and associated black mastic under HA 312	Office 2	100 sq. ft.
Salt Dome			
300	Red asphalt shingles	Roof	8,000 sq. ft.
301	Grey/Red asphalt shingles	Roof	8,000 sq. ft.
Incinerator Building			
320	Window glazing, shite	Windows	2,500 sq. ft.
321	9"x9" Floor tile, green and associated black mastic	3rd floor offices south side	150 sq. ft.
335	Roof sealant	Roof of inspector trailer	800 sq. ft.
342	Built-up roofing	All three roofs	10,500 sq. ft.
343	Flashing	All three roofs	1,700 sq. ft.
Administration Building			
339	Flashing	Roof	1,000 sq. ft.
Vehicle Garage			
341	Flashing	Lower and upper roofs	1,800 sq. ft.

CK 24651

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

Date of Notification (1) <u>10/6/14</u>		Name of Building Owner/Operator (2) <u>Noll</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>81 Gillespie Rd.</u> City, State, Zip Code <u>Bloomfield, NJ 07003</u> Name of Contact <u>George Noll</u> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>81 Gillespie Rd.</u>		Square Feet <u>2000</u>							
City (5) <u>Bloomfield, NJ 07003</u>		# of Floors <u>2</u>							
County (6) <u>Essex</u>		Bldg. Age <u>70+/-</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____							
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>							
Start Date (10) <u>10/17/14</u>		License No. <u>00493</u>							
Scheduled Completion Date (11) <u>10/22/14</u>		Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Street Address <u>PO Box 341</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		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>160 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/22/14</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>10/22/14</u>			

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;">10 / 03 / 14</div>			Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>						
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 checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>33 West State Street</b>					
				City, State, Zip Code <b>Trenton, NJ 08608</b>					
		Name of Contact <b>Rick Ferrera</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>20 Belmont Avenue</b>									
City (5) <b>South River</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>				Street Address <b>27 Outwater Lane</b>					
City, State, Zip Code <b>Union, NJ</b>				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>				
Start Date (10) <div style="text-align: center;">10 / 06 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 10 / 14</div>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Street Address <b>27 Outwater Lane</b>					
				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Mortar	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Sysytems	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Under Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Shingles	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	120 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Yanuzzi Group Inc.</b>		NJDEP Waste Hauler ID No. <b>17467</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Hillsborough, NJ</b>				Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>				
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 		Date <b>10/3/14</b>			

10/03/2014 10:23

(FAX)

P.004/005

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:18)

2014 OCT -8 PM 4:20

DOL - 10 DAY

Date of Notification (1) 10 / 03 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction		DOL - 10 DAY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08606 Name of Contact Rick Ferrara Telephone Number	
<b>FACILITY INFORMATION</b>					
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 20 Belmont Avenue			Square Feet		
City (5) South River			# of Floors		
County (6) Middlesex			Bldg. Age		
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 Garfield, NJ 07026	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		License No. 1185	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 873-484-3782		Telephone No. 973-828-4888	
Start Date (10) 10 / 08 / 14		Scheduled Completion Date (11) 11 / 10 / 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"/> >8 sf or >3 lf <input checked="" type="checkbox"/> >100 sf or >250 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1st Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Flue Mortar 1 SF	
Throughout Interior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Plaster Systems 800 SF	
Exterior Under Siding		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Gypsum Shingles 1,800 SF	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation 120 LF	
Name of Registered Waste Hauler Yanuzzi Group Inc.		NJDEP Waste Hauler ID No. 17487		Cubic Yards of Waste As Needed	
City, State Hillsborough, NJ		Disposal Date TBD		Name of Registered Landfill IESI Landfill	
City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature Date 10/3/14	

A35-41  
JAN 13

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

CK 005400

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-395

2014 OCT -8 PM 4:27

Date of Notification (1) 10/10/13/14		Name of Building Owner/Operator (2) NORMAN STREHLE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 510 MADISON AVE	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code DUNELLEN, NJ 08812	
		Name of Contact NORMAN STREHLE	Telephone Number


FACILITY INFORMATION

Name of facility where abatement is taking place (3) NORMAN STREHLE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 510 MADISON AVE			Square Feet		
City (5) DUNELLEN			County (6) MIDDLESEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/4/2014		Sched. Completion Date (11) 10/6/2014	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		
---	--	--	---	--	--	---	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	20 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/15/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature 	Date 10/3/2014

CK 006385

D&S Proj. #: 2014-398

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

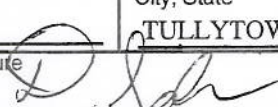
Date of Notification (1) 10/1/13/14		Name of Building Owner/Operator (2) Helen Miller		2014 OCT -8 PM 4:20	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 106 Westervelt Ave City, State, Zip Code NO. PLAINFIELD, NJ 07060	
		Name of Contact Helen Miller		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Helen Miller Street Address 106 Westervelt Ave City (5) NO. PLAINFIELD County (6) SOMERSET County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 10/6/14 Sched. Completion Date (11) 10/8/14 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	157 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/15/14		City, State TULLYTOWN, PA		Date 10/5/2014	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature 		Date 10/5/2014	

CH 56K  
3470

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:134)

2014 COT

Date of Notification (1) <u>10/6/14</u>	Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>23 KING ST.</u>
	City, State, Zip Code <u>PIO GRANDE, N.J. 08242</u>
	Name of Contact <u>SAME</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial dwelling, hotel, etc.)
Street Address <u>213 E. 76TH ST.</u>	Square Feet <u>2000</u>
City (5) <u>N. WOODBINE</u>	Floor/Floors <u>2</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	Name of Abatement Contractor (9) <u>Klemm Inc.</u>
Street Address <u>N/A</u>	Street Address <u>369 S. SPRUCE AVE</u>
City, State, Zip Code	City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>
Phone Manager for Monitoring Firm	Telephone No. <u>856-779-0422</u>
Start Date (10) <u>10/28/14</u>	Scheduled Completion Date (11) <u>10/27/14</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
	Street Address <u>369 S. SPRUCE AVE</u>
	City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Renovation	<input type="checkbox"/> Min. Enclosure
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Glovebag Procedure
	<input checked="" type="checkbox"/> Non-Exempted (17) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (12) <u>TO BE ABATED IN FACILITY</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, flooring, VAC, or other miscellaneous)	Amount (Specify Size)
	Yes	No	N/A		
<u>TRANSITE</u>			<input checked="" type="checkbox"/>	<u>STEEL ROOFING</u>	<u>7000</u>

Name of Registered Waste Hauler <u>Klemm Inc.</u>	Waste Hauler License No. <u>17901</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>CHCMU</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>10/6/14</u>

2014 OCT -8 PM 1:57

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

Date of Notification (1) <b>10-6-14</b>		Name of Building Owner/Operator (2) <b>TRANSFORMATION ENTERPRISES</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 W. CLARKS LANDING ROAD</b>					
		City, State, Zip Code <b>EGG HARBON, N.J. 08218</b>					
		Name of Contact <b>BARBARA</b>	Telephone Number _____				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>9 N DECATUR AVE</b>		Square Feet <b>1500</b>	# of Floors <b>1</b>				
City (5) <b>MARGATE</b>		Bldg. Age <b>40+</b>					
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No. _____	Name of Abatement Contractor (9) <b>KLUMCO INC.</b>					
Street Address _____		Street Address <b>369 S. SPRUCE AVE.</b>					
City, State, Zip Code _____		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>					
Project Manager for Monitoring Firm <b>N/A</b>	Telephone No. _____	Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>				
Start Date (10) <b>10-20-14</b>	Scheduled Completion Date (11) <b>10-27-14</b>	Name of OSHA Monitor <b>N/A</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  <b>SIDING</b> <b>SIDING</b>	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)  <b>TRANSITE</b>	Amount (Specify SF or LF)  <b>2000 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>KLUMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>A.B.U.A</b>			
City, State <b>MAPLE SHADE, N.J. 08052</b>		Disposal Date _____	City, State <b>PLEASANTVILLE, N.J.</b>				
Completed By <b>JOSEPH KLUMCO</b>	Title <b>OWNER</b>	Signature <i>Joseph Klumco</i>		Date _____			

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

Date of Notification (1) <b>2014 OCT 10 - 10-14</b>		Name of Building Owner/Operator (2) <b>EARTHTECH CONTRACTING</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>155 RT. 50</b>	
		City, State, Zip Code <b>GREENFIELD N.J. 08230</b>	
		Name of Contact <b>BRUCE BREUNIG</b>	Telephone Number <b>704-13</b>

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>178 9TH ST. SOUTH</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>
City (5) <b>BRIGANTINE</b>		Bldg Age <b>40+</b>	
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE.</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0422</b>	License No. <b>00444</b>
Start Date (10) <b>10/20/14</b>	Scheduled Completion Date (11) <b>10/27/14</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address <b>369 S. SPRUCE AVE.</b>	
		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	

Scope of Work (Check all that apply) <input type="checkbox"/> 20 sq ft or 20 ft <input type="checkbox"/> 2160 sq ft or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>	Amount (Specify SF or LF) <b>1200 SF</b>

Name of Registered Waste Hauler <b>KLEMMCO INC.</b>	NJDEP Waste Hauler ID No. <b>12904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C.M.C. M.U.A.</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>	Disposal Date	City, State <b>WOODBINE, N.J.</b>	
Completed By <b>JOSEPH KLEMM</b>	Title <b>OWNER</b>	Signature <i>Joseph Klemm</i>	Date <b>10/6/14</b>

CNFC #  
3469

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:130)

2014 Date of Notification

Date of Notification <u>10/6/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 79TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
Name of Contact <u>FABIAN EDUARDO</u>		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>122 54 ST.</u>		Square Feet	# of Floors
City (5) <u>SEA ISLE CITY</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>10/20/14</u>	Scheduled Completion Date (11) <u>10/27/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)

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

- ☐ Renovation  
☒ Demolition


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

Location of Asbestos-Containing Material (ACM) 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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>		<u>X</u>	

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>10/6/14</u>		

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


CK-4423

Date of Notification (1) 10/6/14		Name of Building Owner/Operator (2) Jenice Berardi Private Home							
Agencies Notified	Type Notification	Street Address 124 Montclair Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Barnegat NJ 08005							
		Name of Contact Jenice	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jenice Berardi Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 124 Montclair Rd		Square Feet 1000+	# of Floors 1						
City (5) Barnegat NJ 08005		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/7/14	Scheduled Completion Date (11) 10/10/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 10/10/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/6/14			

Emergency

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

CK 4424

Date of Notification (1) 10/6/14		Name of Building Owner/Operator (2) Michael Barikian Private Home							
Agencies Notified	Type Notification	Street Address 1918 Bay Terrace							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Michael	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Michael Barikian Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1918 Bay Terrace		Square Feet 1000+	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/7/14	Scheduled Completion Date (11) 10/10/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Siding inside porch			x	Exterior Siding	200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/10/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/6/14			

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

Ch# 2711

Pg 2

Date of Notification (1) 01 / 15 / 14			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #18-10/6/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr.					
				City, State, Zip Code Princeton, NJ 08544					
		Name of Contact Robert Ortega		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library				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 Washington Rd				Square Feet					
City (5) Princeton				# of Floors					
				Bldg. Age					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040					
				License No. 00509					
Start Date (10) 2 / 5 / 14		Scheduled Completion Date (11) 10 / 31 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/ PM- AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
B Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delong Reading Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Level Near Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	700 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 10/6/14			

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

CB# 2711  
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Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div>			Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #18-10/6/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>200 Elm Dr.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortega</b> Telephone Number							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Rd</b>				Square Feet # of Floors Bldg. Age							
City (5) <b>Princeton</b>											
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>									
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>									
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b> License No. <b>00509</b>							
Start Date (10) <div style="text-align: center;">2 / 5 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 14</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>6:30AM-3:00PM</b> / ____PM-____AM				Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)											
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B and A		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor tile and mastic		1,465 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Window Caulk		96 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Duct Work		1775 SF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Level 1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation (Wrap & Cut)		72 LF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>				Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro/jl</i>				Date <b>10/6/14</b>			

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