

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

check # 2776

GAC Project # 060-14

Date of Notification (1) October 16, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number ...	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BLUMENTHAL HALL, BLDG# 7493		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.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 10/24/14		Scheduled Completion Date (11) 10/27/14	
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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13) Room 102L		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT		Amount (Specify SF or LF) 300 SF	
Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>		City, State, Zip Code FAIRLAWN, NJ	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 10 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969		Disposal Date 10/27/14	
Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date October 16, 2014	

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney

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

GAC Project # 060-14

Date of Notification (1) October 6, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 732-932-2000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BLUMENTHAL HALL, BLDG# 7493		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.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 10/17/14		Scheduled Completion Date (11) 10/20/14	
Name of OSHA Monitor 1 ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD	
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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 102L	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 300 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969 Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Disposal Date 10/20/14	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date October 6, 2014

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney

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

Date of Notification (1) 10-10-14		Name of Building Owner/Operator (2) Colin Watson	
Agencies Notified	Type Notification	Street Address 7 North Brookwood Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Colin Watson	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

RECEIVED

2014 OCT 20 AM 3:04

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-22-14		Sched. Completion Date (11) 10-23-14		Name of OSHA Monitor N/A	
Month Day Year		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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>			Street Address		
			City, State, Zip Code		

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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	90 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-24-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 10-10-14

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

Date of Notification (1) 10-6-14		Name of Building Owner/Operator (2) Florence Lurinsky	
Agencies Notified	Type Notification	Street Address 231 Grove Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Florence Lurinsky	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone 973-744-8800	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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2014 OCT 20 AM 3:04

ASBESTOS CONTROL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1650	# of Floors 3	Bldg. Age 90
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-21-14	Sched. Completion Date (11) 10-22-14	Name of OSHA Monitor N/A		
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>				

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	115 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-23-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 10-6-14

RECEIVED

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

Check #9097

Date of Notification (1) 2014 OCT 20/AD 5:58-14		Name of Building Owner/Operator (2) Royal Inn						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 133 South Delsea Drive		City, State, Zip Code Glassboro NJ 08028						
Name of Contact Sam Patel		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Royal Inn		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 133 South Delsea Drive		Square Feet	# of Floors					
City (5) Glassboro NJ 08028		Bldg. Age						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Car port overhang						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) 10-27-14	Scheduled Completion Date (11) 10-31-14	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Carport overhang			X	Roofing Material	300 SF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 10-31-14	City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 10/17/14			

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

RECEIVED CHECK # 1086

Date of Notification (1) 10/16/2014		Name of Building Owner/Operator (2) James Bright/East Park Builders, LLC. 2014 OCT 20 AM 3:07							
Agencies Notified	Type Notification	Street Address 7 Young Ct. ASBESTOS CONTROL & LICENSING							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact James Bright	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Woodlawn Dr.		Square Feet 1,900 +	# of Floors 2						
City (5) Chatham		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 1087 Pleasant Valley Way							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/25/2014	Scheduled Completion Date (11) 10/26/2014	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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
Around House			x	Asbestos Siding Shingles	1,600 SF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State West Orange, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President		Signature B. Nikolova		Date 10/16/2014			

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

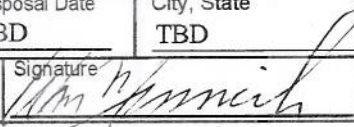
CHECK # 1085

Date of Notification (1) 10/15/2014		Name of Building Owner/Operator (2) David A. Koskinen							
Agencies Notified	Type Notification	Street Address 107 Spring Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, NJ 07446							
		Name of Contact David A. Koskinen							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saddle River Reformed Church		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 500 East Saddle River Road		Square Feet 1,900 +	# of Floors 2						
City (5) Upper Saddle River		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 300 Grand Ave		Street Address 1087 Pleasant Valley Way							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	License No. 01232						
Start Date (10) 11/06/2014	Scheduled Completion Date (11) 11/09/2014	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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) <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
Cafeteria			x	VAT	600 SF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Freehold, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President	Signature <i>B Nikolova</i>	Date 10/15/2014					

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


Ch # 1485

RECEIVED

Date of Notification (1) 10/15/14		Name of Building Owner/Operator (2) Abilities Solutions		2014 OCT 20 AM 3:10	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1208 Delsea Drive City, State, Zip Code Westville, NJ 08093 Name of Contact Susan Perron	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abilities Solutions				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 8 commercial buildings, homes, etc.)	
Street Address 1208 Delsea Drive				Square Feet 20,000	
City (s) Westville, NJ 08093				# of Floors 1	
County (6) Camden				Bldg. Age 30 yrs	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Training Center			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AEi2, LLC	
Street Address		Street Address 300 S. Lenola Road			
City, State, Zip Code		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-481-2122 License No. 00689	
Start Date (10) 10/25/14		Scheduled Completion Date (11) 10/26/14		Name of OSHA Monitor AEi2, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No			
First Floor Bathrooms			X	Floor Tile & Mastic	300 sf
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376		Cubic Yards of Waste 1	
City, State Maple Shade, NJ		Disposal Date TBD		Name of Registered Landfill TBD	
Completed By Wm. Minnick		Title Program Mgr.		Signature  Date 10/15/14	

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

CK 4441

Date of Notification (1) 10/17/14		Name of Building Owner/Operator (2) Frank Candio Private Home		RECEIVED					
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 411 Drexel Av.					
		City, State, Zip Code Ship Bottom NJ 08008		2014 OCT 20 AM 3:11					
		Name of Contact Frank		Telephone Number ASB 8 LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frank Candio 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 411 Drexel Av.				Square Feet 1000+					
City (5) Ship Bottom NJ 08008				# of Floors 1.5					
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.				
Street Address					Street Address PO Box 329				
City, State, Zip Code					City, State, Zip Code West Berlin NJ 08091				
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 856-753-9800				
					License No. 00727				
Start Date (10) 10/20/14		Scheduled Completion Date (11) 10/24/14		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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Through out			x	Floor Tile	700 SF	x			
Name of Registered Waste Hauler United Containers			NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ			Disposal Date 10/24/14		City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President		Signature 		Date 10/17/14		


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

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

Date of Notification (1) October 15, 2014		Name of Building Owner/Operator (2) Gateway Community Action Partnership	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 Cohansey Street	
		City, State, Zip Code Bridgeton, NJ 08302	
		Name of Contact Steve Caputo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Unemployment 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 1433 Bacharach Blvd.					
City Atlantic City	County (6) Atlantic	County Code (7) (STATE USE ONLY)	Square feet 17,000 sf	# of Floors 1	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 11 Tindall Road			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Kevin Burns		Telephone Number 732-676-1725	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/20/14		Scheduled Completion Date (11) 11/7/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	□mount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Interior		X		VAT & mastic	16,900sf	X			
Exterior		X		Roof flashing	3000 sf	X			
Exterior		X		Windows & caulk	23	X			
Exterior		X		Door caulk	6	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 40	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/10/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 10/15/2014		

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

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

ch# 25407

RECEIVED

2014 OCT 20 AM 3:12

ASBESTOS CONTROL
LICENSING

Date of Notification (1) October 15, 2014		Name of Building Owner/Operator (2) Miller Homes	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 112 Giffordtown Lane City, State, Zip Code Tuckerton, NJ 08087 Name of Contact Jim Miller Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 6 West Schuylkill Drive			Square feet 1500 sf		
City Little Egg Harbor	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/16/14		Scheduled Completion Date (11) 10/17/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	R	R	E			E				
	E	E	N	N						
	M	P	C	C						
	O	A	A	L						
	V	I	P	O						
	A	R	S	S						
	L		U	U						
			L	R						
Exterior		X			Asbestos siding	1300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/20/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/15/14

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

ch# 25408

Date of Notification (1) October 15, 2014		Name of Building Owner/Operator (2) Ralph Strunk	
Agencies Notified	Type of Notification	Street Address 28 Portsmouth Drive	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Old Bridge, NJ 08857	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Ralph Strunk	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 46 Pilot Road		<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 Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf # of Floors 1 Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 10/16/14	Scheduled Completion Date (11) 10/17/14	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	700 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 10/20/14	City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 10/15/14		

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

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

Check #6849

B & G proj. #: 2014-181

RECEIVED

Date of Notification (1)

11/01/10/8/11/4

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Linden Board of Education

Street Address

2 East Gibbons Street

City, State, Zip Code

Linden, NJ 07036-2951

Name of Contact

Kathleen A. Gaylord

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Saint Elizabeth School (NON-SUB 8)

Street Address

170 Hussa Street

City (5)

Linden, NJ

County (6)

Union

County Code (7)
(State use only)

Type of Facility (4)

- ☒ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
school non sub 8

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

10/13/2014

Sched. Completion Date (11)

10/13/2014

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

Location of
asbestos-containing
material to be
abated in facility (13)

Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)

Amount
(Specify SF or
LF)

Rem
ove
Rep
air
Enc
ap
Enc
L

Boiler room

boiler header(wrap & cut)

15 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
10/14/2014

City, State
Tullytown, PA

Date
10/10/2014

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Gordana Luna

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-186

*** EMERGENCY RECEIVED *** Check # 6857

Date of Notification (1) 10/15/14		Name of Building Owner/Operator (2) Bernice Cook		2014 OCT 20 AM 3:17	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 142 Clairmont Terrace	
				ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Orange, NJ 07050			
		Name of Contact Elizabeth Hudd		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bernice Cook			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 142 Clairmont Terrace			Square Feet # of Floors Bldg. Age		
City (5) Orange		County (6) Essex	County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/16/2014		Sched. Completion Date (11) 10/17/2014			
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:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code LincolnPark, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material 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			<input checked="" type="checkbox"/>	pipe insulation	125 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/17/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 10/15/2014


NO CK

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

RECEIVED

2014 OCT 20 AM 2:54

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10 / 13 / 14		Name of Building Owner/Operator (2) Kinder Morgan							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 78 Lafayette Street							
		City, State, Zip Code Carteret, NJ 07008							
		Name of Contact Ezio Tambarello	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kinder Morgan		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 78 Lafayette Street									
City (5) Carteret	Square Feet 3,600	# of Floors 0	Bldg. Age 40						
County (6) Middlesex County	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions		ASCM No.	Name of Abatement Contractor (9) VersiTech Industrial Services of PA, Inc						
Street Address 1430 Broadway, 10th Floor		Street Address 100 Alexander Drive							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Monaca, PA 15061							
Project Manager for Monitoring Firm Chip Walter	Telephone No. 212-221-7822	Telephone No. 724-728-6144	License No. 01123						
Start Date (10) 10 / 06 / 14	Scheduled Completion Date (11) 10 / 14 / 14	Name of OSHA Monitor VersiTech Industrial Services of PA, 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 100 Alexander Drive							
		City, State, Zip Code Monaca PA 15061							
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
Firehouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Black Roofing Material	3,600	<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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Morrisville, PA		Disposal Date 10/14/14		City, State Morrisville, PA					
Completed By (Print or Type) Jim Kreider		Title Project Manager		Signature 		Date 10/3/14			

NO CK

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

RECEIVED

CK#24492

Date of Notification (1) 10/17/2014		Name of Building Owner/Operator (2) MERCER COUNTY		2014 OCT 20 AM 3: 03				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 300 SCOTCH ROAD City, State, Zip Code WEST TRENTON, NJ -8690 Name of Contact DAVID J. D'ANDREA					
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MERCER COUNTY COMMUNITY GUIDANCE CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings)				
Street Address 2300 HAMILTON AVENUE				Square Feet				
City (5) TRENTON, NJ				# of Floors Bldg. Age				
County MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC.		ASCM No. 00102	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 515 GROVE STREET, STE. 1B		Street Address 15 BLACK FOREST ROAD						
		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm JOSEPH ANELLO, JR.	Telephone No. 856-547-0505	Telephone No. 609-890-7110		License No. 00676				
Start Date (10) 10/24/2014	Scheduled Completion Date (11) 10/26/2014	Name of OSHA Monitor AMERITECH						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours ESSENTIAL PERSONNEL ONLY		Street Address 1 A ST. LAWRENCE AVENUE						
		City, State, Zip Code SEASIDE PARK, NJ 08752						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
BOILER ROOM	<input checked="" type="checkbox"/>		PIPE INSULATION	100 LF	X			
BOILER ROOM	<input checked="" type="checkbox"/>		BOILER INSULATION	50 SQ. FT.	X			
Name of Registered Waste Hauler CARNEVALE DISPOSAL CO., INC.			NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 5 YDS	Name of Registered Landfill TULLYTOWN			
City, State HAMILTON, NJ			Disposal Date 10/27/2014		City, State TULLYTOWN, PA.			
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>			Date 10/17/2014			

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

[illegible]

Date of Notification (1)		Name of Building Owner/Operator (2)	
10 / 8 /14		HACKENSACK UMC	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		HACKENSACK, NEW JERSEY 07601	
		Name of Contact	Telephone Number
		KEN HABER	

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
HACKENSACK UMC	<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	Square Feet	# of Floors	Bldg. Age
30 PROSPECT AVENUE	100,000	6	52

City (5) HACKENSACK	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BOILER HOUSE
------------------------	----------------------	-------------------------------------	---

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
OMEGA ENVIRONMENTAL CORPORATION	17	PAR ENVIRONMENTAL CORPORATION

Street Address	Street Address
280 HUYLER STREET	313 SPOOK ROCK ROAD

City, State, Zip Code	S. HACKENSACK, NEW JERSEY	City, State, Zip Code	SUFFERN, NEW YORK 10901
-----------------------	---------------------------	-----------------------	-------------------------


Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
ANTON REZIN	201-489-8700	845-369-7500	1101

Expected State Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor
10 / 14 /14	11 / 15 /14	QAQUALITY ENVIRONMENTAL
Month Day Year	Month Day Year	

Occupancy Status During Abatement (Check only one)		Street Address
<input checked="" type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement	1376 ROUTE 9
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:	
<input checked="" type="checkbox"/>	Other - Describe: MONDAY-FRIDAY 5PM-3 AM	City, State, Zip Code

Scope of Work (Check all that apply)			Renovator		Full Containment with Negative Pressure
<input type="checkbox"/>	Demolition			<input checked="" type="checkbox"/>	Mini-Enclo.
<input checked="" type="checkbox"/>	>3SF OR LF			<input type="checkbox"/>	Glovebag Procedure
<input type="checkbox"/>	>160 SF OR 260 LF			<input type="checkbox"/>	Non-Friable Procedure

[illegible]

Name of Registered Waste Hauler VISION TRANSPORT 2 FISH HOUSE ROAD	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 4	Name of Registered Landfill GROWS LANDFILL 1121 BORDENTOWN ROAD
City, State KEARNY, NJ 07032	Disposal Date 10/14-11/15/14	City, State MORRISVILLE, PA 19067	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/8/14

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

Date of Notification (1) 10 / 3 /14		Name of Building Owner/Operator (2) HACKENSACK UMC	
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 30 PROSPECT AVENUE	
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 HACKENSACK, NEW JERSEY 07601	
		Name of Contact KEN HABER	

RECEIVED

OCT 20 AM 3:49

ASBESTOS CONTROL

FACILITY INFORMATION

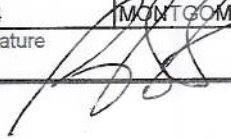
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UMC				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 30 PROSPECT AVENUE				Square Feet 100,000	# of Floors 6	Bldg. Age 52
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) BOILER HOUSE		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL CORPORATION				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 280 HUYLER STREET				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code S. HACKENSACK, NEW JERSEY				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700		Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 10 / 14 /14		Sched. Completion Date (11) 11 / 15 /14		Name of OSHA Monitor QAUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9		
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				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input 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) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT -CONKLINS WOMENS BTHRM			X	PIPE INSULATION	15 LF	X			

Name of Registered Waste Hauler VISION TRANSPORT 2 FISH HOUSE ROAD City, State KEARNY, NJ 07032	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 4	Name of Registered Landfill GROWS LANDFILL 1121 BORDENTOWN ROAD City, State MORRISVILLE, PA 19067	Disposal Date 10/14-11/15/14	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		
		Date 10/3/14			

NO CK

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

Date of Notification (1) 10 / 16 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.							
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 Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION							
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065							
Name of Contact MIKE LATRONICA		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		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 126 EAST LINCOLN AVENUE - BUILDING 32		Square Feet 100,400	# of Floors 7						
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500						
Expected State Date (10) 10 / 20 /14		Sched. Completion Date (11) 12 / 25 /14	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480						
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 5 PM- 3 AM		Street Address 117 EAST 30TH STREET							
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		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input 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
4TH FLOOR ROOM 459	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 518	X			SPRAY ON INSULATION	40 SF	X			
REDUCTION IN SCOPE (BELOW)									
6TH FLOOR ROOM 627	X			SPRAY ON INSULATION	40 SF	X			
7TH FLOOR ROOM 718	X			SPRAY ON INSULATION	80 SF	X			
7TH FLOOR ROOM 7:52G	X			SPRAY ON INSULATION	40 SF	X			
3RD FLOOR ROOM 325	X			SPRAY ON INSULATION	40 SF	X			
4TH FLOOR ROOM 447	X			SPRAY ON INSULATION	80 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15					
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-10/15/2014		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/16/14			

RECEIVED

OCT 20 AM 3:10

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 10 / 9 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MIKE LATRONICA		Telephone Number () - -	

RECEIVED
 2:00 PM 10/20/14
 ASBESTOS CONTROL
 LICENSING

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			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 126 EAST LINCOLN AVENUE - BUILDING 32			Square Feet 100,400	# of Floors 7	Bldg. Age 49
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 10 / 20 /14 Month Day Year		Sched. Completion Date (11) 12 / 25 /14 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 5 PM- 3 AM			Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
City, State, Zip Code NEW YORK, NEW YORK 10016					

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
4TH FLOOR ROOM 459	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 518	X			SPRAY ON INSULATION	40 SF	X			
REDUCTION IN SCOPE (BELOW)									
6TH FLOOR ROOM 627	X			SPRAY ON INSULATION	40 SF	X			
7TH FLOOR ROOM 718	X			SPRAY ON INSULATION	80 SF	X			
7TH FLOOR ROOM 7: 52G	X			SPRAY ON INSULATION	40 SF	X			
3RD FLOOR ROOM 325	X			SPRAY ON INSULATION	40 SF	X			
4TH FLOOR ROOM 447	X			SPRAY ON INSULATION	80 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Disposal Date 9/15-10/15/2014		Title BENJAMIN SANCHEZ			Signature 		Date 10/9/14		

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

Date of Notification (1) <div style="text-align: center;">9 / 12 /14</div>		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065 Name of Contact MIKE LATRONICA	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number _____	

RECEIVED

27 OCT 20 AM 3:19

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION Street Address 126 EAST LINCOLN AVENUE - BUILDING 32 City (5) RAHWAY County (6) UNION County Code (7) (STATE USE ONLY)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Square Feet 100,400</td> <td style="width:33%;"># of Floors 7</td> <td style="width:33%;">Bldg. Age 49</td> </tr> </table> Current Use (Prior if being demolished) VACANT		Square Feet 100,400	# of Floors 7	Bldg. Age 49									
Square Feet 100,400	# of Floors 7	Bldg. Age 49													
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Expected State Date (10) 9 / 15 /14 Month Day Year Sched. Completion Date (11) 10 / 9 /14 Month Day Year		ASCM No. 17 Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Telephone Number 845-369-7500</td> <td style="width:50%;">License Number 1101</td> </tr> </table> Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		Telephone Number 845-369-7500	License Number 1101										
Telephone Number 845-369-7500	License Number 1101														
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 5 PM- 3 AM		Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016													
Scope of Work (Check all that apply) <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> Demolition</td> <td style="width:33%;"><input checked="" type="checkbox"/> Renovation</td> <td style="width:33%;"><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input type="checkbox"/> >3SF OR LF</td> <td></td> <td><input checked="" type="checkbox"/> Mini-Enclos.</td> </tr> <tr> <td><input checked="" type="checkbox"/> >160 SF OR 260 LF</td> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Non-Friable Procedure</td> </tr> </table>				<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini-Enclos.	<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure			<input type="checkbox"/> Non-Friable Procedure
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure													
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini-Enclos.													
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure													
		<input 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
3RD FLOOR ROOM 325	X			SPRAY ON INSULATION	40 SF	X			
4TH FLOOR ROOM 447	X			SPRAY ON INSULATION	80 SF	X			
4TH FLOOR ROOM 459 X	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 518-4	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 627	X			SPRAY ON INSULATION	40 SF	X			
7TH FLOOR ROOM 718	X			SPRAY ON INSULATION	80 SF	X			
7TH FLOOR ROOM 7:52G	X			SPRAY ON INSULATION	40 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 9/15-10/15/2014		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	
Date 9/12/14		Date 9/12/14	

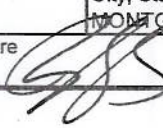
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8 / 29 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RAHWAY, NEW JERSEY 07065		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MIKE LATRONICA		Telephone Number	

RECEIVED
 08/29/14 20 AM 3:13
 ASBESTOS CONTROL
 & LICENSING

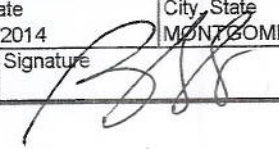
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 32		Square Feet 100,400	# of Floors 7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 9 / 15 /14		Sched. Completion Date (11) 10 / 9 /14	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
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 5 PM- 3 AM		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input 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
3RD FLOOR ROOM 325	X			SPRAY ON INSULATION	40 SF	X			
4TH FLOOR ROOM 447	X			SPRAY ON INSULATION	80 SF	X			
4TH FLOOR ROOM 459	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 518	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 627	X			SPRAY ON INSULATION	40 SF	X			
7TH FLOOR ROOM 718	X			SPRAY ON INSULATION	80 SF	X			
7TH FLOOR ROOM 7 52G	X			SPRAY ON INSULATION	40 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Disposal Date 9/15-10/15/2014	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 8/29/14	

NO CK

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


Date of Notification (1) 10 / 16 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		RECEIVED OCT 20 AM 8:10 ASBESTOS CONTROL DIVISION	
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 Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000		City, State, Zip Code RAHWAY, NEW JERSEY 07065			
Name of Contact MIKE LATRONICA		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			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 126 EAST LINCOLN AVENUE - BUILDING 33			Square Feet 96,000	# of Floors 7	Bldg. Age 49
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 10 / 20 /14 Month Day Year		Sched. Completion Date (11) 12 / 30 /14 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 5 PM- 3 AM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
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			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE
4TH FLOOR ROOM 406		X	SPRAY ON INSULATION	80 SF	X
REDUCTION IN SCOPE (SEE BELOW)					
4TH FLOOR ROOM 418		X	SPRAY ON INSULATION	40 SF	X
5TH FLOOR ROOM 551		X	SPRAY ON INSULATION	40 SF	X
6TH FLOOR ROOM 613		X	SPRAY ON INSULATION	40 SF	X
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-12/15/2014		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/16/14	

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


Date of Notification (1) 10 / 9 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. RECEIVED	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		126 E. LINCOLN AVENUE, P.O. BOX-2000, RY28-414	
Type Notification		City, State, Zip Code	
<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		RAHWAY, NEW JERSEY 07065	
		Name of Contact	
		MIKE LATRONICA	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		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 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 96,000	# of Floors 7
City (5) RAHWAY		Bldg. Age 49	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 10 / 20 /14 Month Day Year	Sched. Completion Date (11) 12 / 30 /14 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 5 PM- 3 AM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code NEW YORK, NEW YORK 10016			

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
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
REDUCTION IN SCOPE (SEE BELOW)									
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-12/15/2014		City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/9/14	

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

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> 9 / 12 /14 </div>				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.			
				Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			
Agencies Notified <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA </div>		Type Notification <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION </div>		City, State, Zip Code RAHWAY, NEW JERSEY 07065			
				Name of Contact MIKE LATRONICA			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				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 126 EAST LINCOLN AVENUE - BUILDING 33				Square Feet 96,000	# of Floors 7		
City (5) RAHWAY		County (6) UNION		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 17			
Street Address 655 WEST SHORE TRAIL				City, State, Zip Code SPARTA, NEW JERSEY 07871			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				Telephone Number 973-729-5649			
Expected State Date (10) <div style="display: flex; justify-content: space-around;"> 9 / 15 /14 </div>				Sched. Completion Date (11) <div style="display: flex; justify-content: space-around;"> 10 / 9 /14 </div>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: MONDAY-FRIDAY 5 PM- 3 AM				Name of OSHA Monitor AMERISCI LABORATORIES INC #11480			
Scope of Work (Check all that apply) <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF </div>				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input 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) <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </div>		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		
						Abatement Type <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> REMOVAL <input type="checkbox"/> REPAIR <input type="checkbox"/> ENCAPSULE <input type="checkbox"/> ENCLOSURE </div>	
4TH FLOOR ROOM 406		X		SPRAY ON INSULATION	80 SF		
4TH FLOOR ROOM 418		X		SPRAY ON INSULATION	40 SF		
5TH FLOOR ROOM 551		X		SPRAY ON INSULATION	40 SF		
6TH FLOOR ROOM 613		X		SPRAY ON INSULATION	40 SF		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 9/12/14		

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

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> 9 / 12 / 14 </div>				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.			
Agencies Notified <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA </div> <div style="width: 50%;"> Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION </div> </div>				Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			
City, State, Zip Code RAHWAY, NEW JERSEY 07065				Name of Contact MIKE LATRONICA			
Telephone Number () - - - -				ASBESTOS CONTROL & LICENSING			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				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 126 EAST LINCOLN AVENUE - BUILDING 33				Square Feet 96,000	# of Floors 7
City (5) RAHWAY				Bldg. Age 49	
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASCM No. 17	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 973-729-5649				Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 9 / 15 / 14		Sched. Completion Date (11) 10 / 9 / 14		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 5 PM- 3 AM				Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code NEW YORK, NEW YORK 10016					

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
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION STAYS	80 SF	X			
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 9/15-10/15/2014		Signature [Signature]		Date 9/12/14	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			

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

Date of Notification (1) 8 / 29 /14		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MIKE LATRONICA		Telephone Number 201-320-1113	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		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 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 96,000	# of Floors 7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Current Use (Prior if being demolished) VACANT
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 9 / 15 /14		Sched. Completion Date (11) 10 / 9 /14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 5 PM- 3 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input 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
4TH FLOOR ROOM 406	X			SPRAY ON INSULATION	80 SF	X			
4TH FLOOR ROOM 418	X			SPRAY ON INSULATION	40 SF	X			
5TH FLOOR ROOM 551	X			SPRAY ON INSULATION	40 SF	X			
6TH FLOOR ROOM 613	X			SPRAY ON INSULATION	40 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 8/29/14

RECEIVED

CHECK #
3484

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

2014 OCT 20 AM 3:02

ASBESTOS CONTROL
& LICENSING

Date of Notification: 10/14/14
Type of Notification:
☒ Initial
☐ Amended
☐ Amendment
☐ Emergency
☐ Justification
☐ Cancellation

Name of Building Owner/Operator (2): EARTHTECH CONTRACTING
Street Address: 155 RT. 50
On Site Zip Code: GREENFIELD N.J 08230
Name of Contact: BRUCE BREUNIG
Telephone Number:

FACTORY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE
Street Address: 864 BRIGHTON PARK
City: OCEAN CITY
County: CAPE MAY
County Code: 03
Current Use (Prior to being demolished): VACANT
Type of Facility:
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet: 1000
of Floors: 2
Bldg Age: 40 Y

Name of Monitoring Firm Hired by Building Owner: N/A
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No:
Name of Abatement Contractor (9): KLEMMCO INC.
Street Address: 300 S SPRUCE AVE.
City, State, Zip Code: MAPLE SHADE N.J 08052
Telephone No: 610-779-0422
License No: 20444

Start Date: 10/27/14
Scheduled Completion Date: 11/3/14
Occupancy Status During Abatement: Check only one
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other: Describe

Scope of Work (Check all that apply):
☒ Removal of ACM
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (?) and Non-Frangible Procedure

Location of Asbestos Containing Material (ACM)	Description of Asbestos Containing Material (ACM)	Amount (Specify Sq. Ft.)	Removal	Status
TO BE ABATED	Asbestos Containing Material (ACM)			

SIDING X TRAIL SITE 20004 X

Name of Registered Waste Hauler: KLEMMCO INC.
City, State, Zip Code: MAPLE SHADE N.J 08052
Name of Registered Landfill: C.M.C. M.U.A.
City, State: WOODBINE, N.J.
Date: 10/14/14
Signature: Joseph Klemm
Title: OWNER

RECEIVED

CHECK #
3484

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

2014 OCT 20 AM 3:02 10/14/14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency including justification <input type="checkbox"/> Cancellation		Street Address 155 RT. 50	
City, State, Zip Code GREENFIELD N.J. 08230		Name of Contact BRUCE BREUNIG	
Telephone Number		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1900 ASHLEY AVE.		Square Feet 1000	
City (5) OCEAN CITY		# of Floors 2	
County (5) CAPE MAY		Bldg. Age 40+	
County Code USE ONLY		Current Use (Prior to being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address N/A		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	
License No. 00444		Name of OSHA Monitor JOSEPH KLEMM	
Start Date (10) 10/27/14		Scheduled Completion Date (11) 11/3/14	
Street Address 369 S. SPRUCE AVE.		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other: Describe		Scope of Work (Check all that apply) <input type="checkbox"/> 231 or 232 <input checked="" type="checkbox"/> 235 or 260 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Description of Asbestos-Containing Material (ACM) e.g., floor, ceiling, wall, pipe, duct, insulation, roofing, etc. or other miscellaneous.	
Amount (Specify SF or LF)		Amount (Specify SF or LF)	
YES NO N/A X		2000	
SIDING		TRASH SITE	
Name of Registered Waste Hauler KLEMMCO INC.		Cubic Yards of Waste 5	
City, State MAPLE SHADE, N.J. 08052		Disposal Date 10/14/14	
Name of Registered Landfill C.M.C. M.U.A.		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title OWNER		Date 10/14/14	

CHECK #
3481

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

RECEIVED

Date of Notification (1) <u>10/14/14</u>		Name of Building Owner/Operator (2) <u>MIKE SEARLO</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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>5 WINDCHIME</u> City, State, Zip Code <u>EGG HARBOR TWP, NJ 08034</u> Name of Contact <u>SONG</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>3346 FINE ROAD</u>		Square Feet <u>1000</u>	
City (5) <u>EGG HARBOR TWP.</u>		# of Floors <u>1</u>	
County (6) <u>ATLANTIC</u>		Bldg. Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>10/27/14</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>11/4/14</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>	
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		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1200</u>
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J.</u>		Name of Registered Landfill <u>A.C.U.A.</u>	
Disposal Date		City, State <u>PLEASANTVILLE, N.J.</u>	
Completed By <u>JOE KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>10/14/14</u>