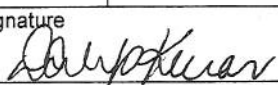
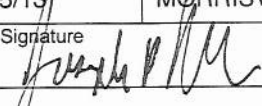


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

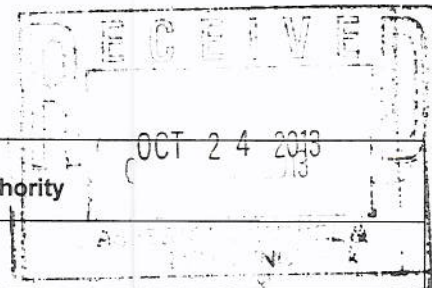
Date of Notification (1) <div style="text-align: center;">10 / 16 / 13</div>		Name of Building Owner/Operator (2) <b>Burlington County Bridge Commission</b>		OCT 24 2013				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1300 Route 73 North, PO Box 6</b>						
		City, State, Zip Code <b>Palmyra, NJ 08065</b>						
		Name of Contact <b>Steve Renzi</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Burlington Bristol Bridge</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>Route 413</b>								
City (5) <b>Burlington</b>			Square Feet <b>1,100</b>	# of Floors <b>1</b>	Bldg. Age <b>80</b>			
County (6) <b>Burlington</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Bridge Machine Room</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>ETC</b>		ASCM No.		Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>				
Street Address <b>1 Mall Drive, Suite 404</b>		Street Address <b>8436 Enterprise Avenue</b>						
City, State, Zip Code <b>Cherry Hill, NJ 08002</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>						
Project Manager for Monitoring Firm <b>James Madden</b>		Telephone No. <b>856-482-1311</b>		Telephone No. <b>215-365-5810</b>				
				License No. <b>1156</b>				
Start Date (10) <div style="text-align: center;">10 / 30 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 30 / 13</div>		Name of OSHA Monitor <b>USA Environmental Management, Inc</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30PM</b> / ____PM-____AM			Street Address <b>8436 Enterprise Avenue</b>					
			City, State, Zip Code <b>Philadelphia, PA 19153</b>					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>940 LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Machine Room Windows</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Window Glazing</b>	<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 <b>Service Transport Group/USA Env. Mgmt</b>		NJDEP Waste Hauler ID No. <b>20990/32610</b>		Cubic Yards of Waste <b>3 CY</b>	Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE/Philadelphia, PA</b>				Disposal Date <b>11/30/2013</b>	City, State <b>Waynesburg, OH</b>			
Completed By (Print or Type) <b>Dilip Kumar</b>		Title <b>Program Manager</b>		Signature 		Date <b>10-16-13</b>		

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

Date of Notification (1) OCT. 18, 2013		Name of Building Owner/Operator (2) OCEAN SUNSET 35 LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2	PO BOX 19063							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MEDIA, PA 19063							
		Name of Contact CORTNEY WRIGHT							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PROPOSED CVS PHARMACY		Type of Facility (4)							
Street Address 911-919 ROUTE 35 NORTH		<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) OCEAN	Square Feet 13,000 SF	# of Floors 1	Bldg. Age 60 + YRS						
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) FORMER RETAIL STORES							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.							
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 10/28/13	Scheduled Completion Date (11) 11/25/13	Name of OSHA Monitor N/A							
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 <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
BUILDING 919			X	VAT	1025 SF	X			
BUILDING 919			X	ROOFING	4600 SF	X			
BUILDING 919			X	CEILING TILE & CEMENT	2400 SF	X			
BUILDING 911			X	ROOFING	300 SF	X			
Name of Registered Waste Hauler SAKOUTIS BROTHERS DISPOSAL		NJDEP Waste Hauler ID No. 21243		Cubic Yards of Waste 10 CY	Name of Registered Landfill GROWS NORTH LANDFILL				
City, State COLTS NECK, NJ				Disposal Date 11/25/13	City, State MORRISVILLE, PA				
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 10/18/13		



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



Date of Notification (1) <u>10</u> / <u>16</u> / <u>13</u>			Name of Building Owner/Operator (2) <b>New Jersey Schools Development Authority</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1 W. State Street</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Dave Benfer</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PS # 16</b>			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 and commercial buildings, homes, etc.)						
Street Address <b>11 22<sup>nd</sup> Avenue</b>			Square Feet <b>24500</b>						
City (5) <b>Paterson</b>			# of Floors <b>2</b>		Bldg. Age <b>+/-100</b>				
County (6) <b>Passaic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>WCD Group</b>		ASCN No.		Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>					
Street Address <b>23 Route 31 North, Suite B26</b>		Street Address <b>8436 Enterprise Avenue</b>							
City, State, Zip Code <b>Pennington, NJ 08534</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Project Manager for Monitoring Firm <b>Michael Garambone</b>		Telephone No. <b>609-730-0007</b>		License No. <b>001156</b>					
Start Date (10) <u>10</u> / <u>30</u> / <u>13</u>		Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>13</u>		Name of OSHA Monitor <b>USA Environmental Management, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM			Street Address <b>8436 Enterprise Avenue</b> City, State, Zip Code <b>Philadelphia, PA 19153</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing	103 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	790 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First and Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	3,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group/USA</b>		NJDEP Waste Hauler ID No. <b>20990/32610</b>		Cubic Yards of Waste <b>300</b>		Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE/Philadelphia, PA</b>				Disposal Date <b>11/30/2013</b>		City, State <b>Lisbon, OH</b>			
Completed By (Print or Type) <b>Dilip Kumar</b>		Title <b>Program Manager</b>		Signature 		Date <b>10/16/13</b>			



NOCH 10/17/13 AMENDMENT #2 - JOBS ON HOLD  
 JOB ON HOLD  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 2 / 13		Name of Building Owner/Operator (2) Jersey Central Power & Light/First Energy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 1911 - 300 Madison Ave City, State, Zip Code Morristown, NJ 07962 Name of Contact Kenneth Seborowski							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 801 St John's Street		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.)							
City (5) Cape May		Square Feet 2,500	# of Floors 2						
County (6) Cape May		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 318 12th Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00847						
Start Date (10) 10 / 23 / 13	Scheduled Completion Date (11) 10 / 29 / 13	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
thru out building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile 9"x9"	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings and walls thru out	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior north west door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler STG		NJDEP Waste Hauler ID No. 20900	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/29/13		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 10/3/13			



CHECK #  
3000

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

Date of Notification (1) <u>10/18/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FRANK EDUARDO</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>225 57TH STREET</u>		Square Feet	Bldg. Age
City (5) <u>SEA ISLE CITY</u>			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/1/13</u>	Scheduled Completion Date (11) <u>11/8/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 080</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		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>2000sf</u>		
		Abatement Type Removal Repair <u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>		Cubic Yards of Waste	City, State <u>WOODBINE, N.J.</u>
Disposal Date			
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>10/18/13</u>



CHECK #  
3000

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

Date of Notification (1) <u>10/18/13</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 782 - 8 CLERKENWELL ST.</u>					
		City, State, Zip Code <u>PHILADELPHIA, N.J. 19106</u>					
		Name of Contact <u>JIM NEMINOWAY</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>115 34TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>LOWMART</u>		Bldg Age <u>40+</u>					
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMM INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>11/1/13</u>	Scheduled Completion Date (11) <u>11/8/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sl or $\geq 3$ ll <input type="checkbox"/> $\geq 160$ sl or $\geq 260$ ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) <u>SIDING</u>	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) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2200 LF</u>	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
Name of Registered Waste Hauler <u>KIEMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>A.C. U.S.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>PLEASANTVILLE</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>10/18/13</u>		



original

Name of Building Owner/Operator (2)  
VILLAGE OF TIMBER CREEK CONDO ASSOCIATION

Street Address  
1801 LAUREL ROAD UNIT 100  
City, State, Zip Code  
LINDENWOLD NJ 08021

Name of Contact  
JANE MERUCCI

FACILITY INFORMATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
1800 P/UNIT  
# of Floors  
2

Bldg. Age  
40

Current Use (Prior if being demolished)  
CONDO

Name of Abatement Contractor (9)  
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address  
570 CLEMS RUN

City, State, Zip Code  
MULLICA HILL NJ 08062

Telephone No.  
610-304-4676  
License No.  
01145

Name of OSHA Monitor  
EMSL

Street Address  
200 RT. 130 NORTH

City, State, Zip Code  
CINNAMINSON NJ 08077

Date of Notification (1)  
10/18/2013

Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Facility Where Abatement is Taking Place (3)  
VILLAGE OF TIMBER CREEK Unit 201 & 202

Street Address  
1801 LAUREL ROAD

City (5)  
LINDENWOLD

County (6)  
CAMDEN

Name of Monitoring Firm Hired by Building Owner (8)  
STRATEGIC ENVIRONMENTAL

Street Address  
1634 SOUTH DELAWARE STREET

City, State, Zip Code  
PAULSBORO NJ 08066

Project Manager for Monitoring Firm  
ED. KEEGAN

Start Date (10)  
10/21/2013

Scheduled Completion Date (11)  
11/18/2013

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: EMERGENCY RESIDENTIAL FIRE/VACATED

Scope of Work (Check All That Apply)

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

☒ Renovation  
☐ Demolition

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair

UNIT 201 / ENTIRE UNIT  
UNIT 202 / ENTIRE UNIT

JOINT COMPOUND  
JOINT COMPOUND

2000 SF  
2000 SF

X  
X

Name of Registered Waste Hauler  
NETS

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill  
ALLIED WASTE IMPERIAL

City, State  
IMPERIAL, PA

Disposal Date  
11/22/2013

Signature

Date  
10/18/2

City, State  
HAZLETON, PA

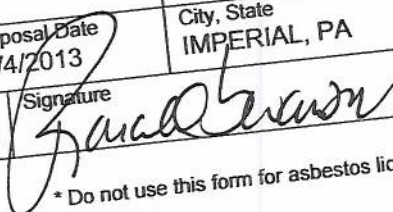
Title  
PROJECT COORDINATOR

Completed by  
RON SWANSON

\* Do not use this form for asbestos licensure exam



original

Date of Notification (1) 10/18/2013		Name of Building Owner/Operator (2) WENONAH UNITED METHODIST CHURCH	
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 105 EAST WILLOW STREET	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WENONAH NJ 08090	
		Name of Contact MARILYNN CARSON	
Name of Facility Where Abatement is Taking Place (3) WENONAH UNITED METHODIST CHURCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 105 EAST WILLOW STREET		Square Feet 5000	# of Floors 2
City (5) WENONAH		Bldg. Age 125	
County (6) GLOUCESTER		Current Use (Prior if being demolished) CHURCH	
Name of Monitoring Firm Hired by Building Owner (8) MDG ENVIRONMENTAL		County Code (7) (STATE USE ONLY)	
Street Address 1000 MAPLEWOOD DRIVE		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
City, State, Zip Code MAPLE SHADE NJ 08052		Street Address 570 CLEMS RUN	
Project Manager for Monitoring Firm TONY ESPOSITO		City, State, Zip Code MULLICA HILL NJ 08062	
Start Date (10) 11/1/2013		Telephone No. 610-304-4676	License No. 01145
Scheduled Completion Date (11) 11/2/2013		Name of OSHA Monitor EMSL	
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 Other - Describe:		Street Address 200 RT. 130 NORTH	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code CINNAMINSON NJ 08077	
		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	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Yes No N/A		Amount (Specify SF or LF)	
ELECTRICAL CLOSET		FLOOR TILE & MASTIC	
		50 SF	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No.	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL
City, State MULLICA HILL NJ		Cubic Yards of Waste 3	City, State IMPERIAL, PA
Completed by RON SWANSON		Disposal Date 11/4/2013	Date 10/18/2013
Title PROJECT COORDINATOR		Signature 	

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



Check # 10577

CH#10577

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

GAC Project # 060-13

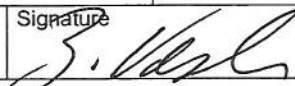
<u>Date of Notification (1)</u> <b>October 16, 2013</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
		<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
		<u>Name of Contact</u> <b>MICHAEL SMITH, ENV.</b> <b>HEALTH &amp; SAFETY</b>	
OCT 24 2013			
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>RECORDS HALL, BLDG# 3080</b>		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> <b>COLLEGE AVENUE CAMPUS</b>		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 2 <u>Bldg. Age:</u> 80+ years	
<u>City (5)</u> <b>NEW BRUNSWICK</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>Cardno ATC</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>10/25/13</b>	<u>Scheduled Completion Date (11)</u> <b>10/28/13</b>	<u>Name of OSHA Monitor</u> <b>1</b> <b>ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <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: <b>Shift Hours: 5:00 PM - 5:00 AM</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b> <u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Room 139</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES   NO   NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>CEILING TILES</b>	<u>Amount (Specify SF or LF)</u> <b>24 SF</b>
		<u>Abatement Type</u> Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>
<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>			
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561 <u>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</u> NJ DEP # SW2117		<u>Disposal Date</u> <b>10/28/13</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>October 16, 2013</b>



CV#1353

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

*(Handwritten scribble)*

Date of Notification (1) <div style="text-align: center;">10 / 21 / 13</div>			Name of Building Owner/Operator (2) <b>Estling Village, LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>54 Horse Hill Road</b> City, State, Zip Code <b>Cedar Knolls, NJ 07927</b> Name of Contact <b>Joe Forgione</b>						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Estling Village Warehouse</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>30 Estling Lake Road</b>				Square Feet # of Floors Bldg. Age						
City (5) <b>Denville</b>				County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)						
County (6) <b>Morris</b>										
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>								
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>								
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b> License No. <b>1188</b>						
Start Date (10) <div style="text-align: center;">10 / 30 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 13 / 13</div>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>										
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing and Flashing</b>	<b>12,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tank Insulation</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>						
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 			Date <b>10-21-13</b>			



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

Completed by: (Print or type) Zvonko Veskov	Title: President	Signature: <i>Z. Veskov</i>	Date: 10-21-13
--	---------------------	--------------------------------	-------------------

Completed by: (Print or type)  
Zvonko Veskov

Pres. dent


Signature: J. Vesp

Date: 10-21-13



CH# 23332

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

Date of Notification (1) <b>10 / 21 / 13</b>		Name of Building Owner/Operator (2) <b>Steven Pospishil</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>96 Mayfair Drive</b>							
		City, State, Zip Code <b>West Orange, NJ 07052</b>							
		Name of Contact <b>Steven Pospishil</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>96 Mayfair Drive Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>96 Mayfair Drive</b>		Square Feet <b>2500</b>	# of Floors <b>2</b>						
City (5) <b>West Orange</b>		Bldg. Age <b>53</b>							
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <b>10 / 31 / 13</b>	Scheduled Completion Date (11) <b>11 / 01 / 13</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: __AM-__PM/ __PM-__AM		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
<b>Bedroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT</b>	<b>225 SF</b>	<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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>				Disposal Date <b>11/01/13</b>	City, State <b>Waynesburg, OH</b>				
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 			Date <b>10-21-13</b>		



CK# 8290

Oct 18 2013 11:53am

P001/001

Check # 8290

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

Date of Notification (1) <b>10/15/13</b>		Name of Building Owner/Operator (2) <b>MR LARRY KRYZ</b>		APPROVED NJ Dept. of Health & Senior Services <b>[Signature]</b> Date: <b>10/18/13</b> Time: <b>10:58</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>88 SUMMIT STREET</b> City, State, Zip Code <b>PASSAIC, NJ 07055</b> Name of Contact <b>LARRY</b>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>KRYZ</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>88 Summit St.</b>			Square Feet <b>1850</b>						
City (5) <b>PASSAIC</b>			# of Floors <b>2</b>						
County (6) <b>PASSAIC</b>			Blg. Age <b>59</b>						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>RES</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>					
Street Address		Street Address <b>105 Lowell Road</b>		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>					
City, State, Zip Code		Telephone No. <b>201-262-5841</b>		License No. <b>00156</b>					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>					
Start Date (10) <b>10/18/13</b>		Scheduled Completion Date (11) <b>10/24/13</b>		Street Address <b>280 Huyler Street</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥8 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>PIPE</b>	Amount (Specify SF or LF) <b>150 LF</b>	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>			
City, State <b>Riverton, New Jersey 07457</b>		Disposal Date <b>10/18/13</b>		City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>10/18/13</b>			



CK#8290

Oct 21 2013 03:22pm

P001/001

Check # 8290

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

Date of Notification (1) 10/21/13		Name of Building Owner/Operator (2) FC INVESTMENTS		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horner</i> (signature) Date: 10/21/13 Time: 2:24 PM	
Agencies Notified	Type Notification	Street Address 18-26 HILLERY STREET		City, State, Zip Code FAIR LAWN NJ 07410	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact TED		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement Is Taking Place (3) FC INVESTMENTS			Type of Facility (4)		
Street Address 18-26 HILLERY ST			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) FAIR LAWN			Square Feet 1550	# of Floors 2	Bldg. Age 60
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.		
Street Address		Street Address 105 Lowell Road			
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156	
Start Date (10) 10/21/13		Scheduled Completion Date (11) 10/22/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 280 Huyler Street		
<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 Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥100 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
LABORATORY ROOM			X	PIPE	30 LF X
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverdale, New Jersey 07457		Disposal Date 10/21/13 on		City, State Bethlehem, PA 18015	
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>	Date 10/21/13	



CK# 8290

Check # 8290

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

Date of Notification (1) <b>10/21/13</b>		Name of Building Owner/Operator (2) <b>JONATHAN COHEN</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>555 NORTH AVE, UNIT 15 N</b>						
			City, State, Zip Code <b>FORT LEE NJ 07024</b>						
			Name of Contact <b>JONATHAN</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>COITEN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>555 NORTH AVE, UNIT 15 N</b>		Square Feet <b>88,000</b>	# of Floors <b>25</b>						
City (5) <b>FORT LEE</b>		Bldg. Age <b>60</b>							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>10/30/13</b>		Scheduled Completion Date (11) <b>11/4/13</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
CEILING-			X	POP-CORNU	1100 SF	X			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>			
City, State <b>Riverdale, New Jersey 07457</b>				Disposal Date <b>10/30/13</b>		City, State <b>Bethlehem, PA 18015</b>			
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>R. McDonald</i>		Date <b>10/21/13</b>			

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



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

CK# 3377

Date of Notification (1)  
10 / 21 / 13

Name of Building Owner/Operator (2)  
**Ms. Gail McKeon** / Job # 1310-1816 Chk. #3377

Agencies Notified  
☒ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA (NJAC 5:23-8)

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

Street Address  
**1409 Noreen Drive**

City, State, Zip Code  
**Burlington, NJ 08016**

Name of Contact  
**Gail McKeon**

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
**Residential Property**

Street Address  
**1409 Noreen Drive**

City (5)  
**Burlington**

County (6)  
**Burlington**

County Code (7)(STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet  
**1786**

# of Floors  
**4**

Bldg. Age  
**47**

Current Use (Prior if being demolished)  
**Residential**

Name of Monitoring Firm Hired by Building Owner (8)  
**Tiger Environmental**

ASCM No.

Name of Abatement Contractor (9)  
**Asbestos and Mold Services, Corp.**

Street Address  
**3859 Sylon Boulevard**

City, State, Zip Code  
**Hainesport, NJ 08036**

Telephone No.  
**609-702-0400**

License No.  
**00862**

Project Manager for Monitoring Firm  
**Kelly Walton**

Telephone No.  
**908-862-4301**

Name of OSHA Monitor  
**EMSL Analytical, Inc.**

Start Date (10)  
11 / 4 / 13

Scheduled Completion Date (11)  
11 / 5 / 13

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

Street Address  
**200 U.S. Route 130 North**

City, State, Zip Code  
**Cinnaminson, NJ 08077**

Scope of Work (Check all that apply)  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility Room & Bathroom 1 <sup>st</sup> Fl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
**Freehold Cartage, Inc.**

NJDEP Waste Hauler ID No.  
**02265**

Cubic Yards of Waste  
**5**

Name of Registered Landfill  
**GROWS Landfill**

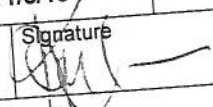
City, State  
**Freehold, NJ**

Disposal Date  
**11/5/13**

City, State  
**Morrisville, PA 19067**

Completed By (Print or Type)  
**Kimberly A. Trumbetti**

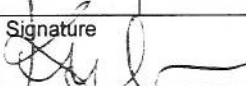
Title  
**Office Coordinator**

Signature  


Date  
**10-21-13**



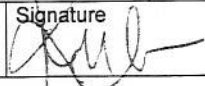
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>10 / 21 / 13</b>		Name of Building Owner/Operator (2) <b>Ms. Marian Bobyak</b> / Job # <b>1310-1820 Chk. #3379</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>19 Oriental Avenue</b>							
		City, State, Zip Code <b>Haddon Township, NJ 08108</b>							
		Name of Contact <b>Marian Bobyak</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>19 Oriental Avenue</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>						
City (5) <b>Camden</b>		Bldg. Age <b>85</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>16 West Elizabeth Avenue</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Linden, NJ 07036</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone No. <b>908-862-4301</b>	License No. <b>00862</b>						
Start Date (10) <b>11 / 5 / 13</b>	Scheduled Completion Date (11) <b>11 / 6 / 13</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Duct boots with asb. paper wrap</b>	<b>4 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Middle Bedroom</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Duct Boot</b>	<b>1 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Middle Bedroom</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Ductwork</b>	<b>2 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/6/13</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>10-21-13</b>			



CK#3378

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

Date of Notification (1) <b>10 / 21 / 13</b>		Name of Building Owner/Operator (2) <b>CHOC II, LP c/o Needleman Mt. Co., Inc. / Job # 1310-1819 Chk. #3378</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1060 North Kings Highway Suite 250</b> City, State, Zip Code <b>Cherry Hill, NJ 08034</b> Name of Contact <b>Kelly Hubs</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1050 North Kings Highway</b>		Square Feet <b>20,000</b>							
City (5) <b>Cherry Hill</b>		# of Floors <b>2</b>	Bldg. Age <b>38</b>						
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial Offices</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00862</b>						
Start Date (10) <b>11 / 7 / 13</b>	Scheduled Completion Date (11) <b>11 / 8 / 13</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Demolition of boiler</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>&amp; abatement of internal materials</b>	<b>50 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>10/8/13</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>10-21-13</b>		