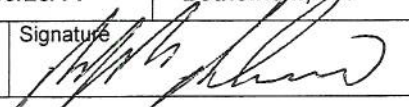


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">09 / 02 / 14</div>		Name of Building Owner/Operator (2) <b>Bank of America</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>1128 Walnut Street</b>							
		City, State, Zip Code <b>Philadelphia, PA 19107</b>							
		Name of Contact <b>John Luxford</b>	Telephone Number <b>2</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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>128 Hudson Street</b>									
City (5) <b>Hoboken, NJ</b>		Square Feet <b>10,000</b>	# of Floors <b>1</b>						
		Bldg. Age <b>30</b>							
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>New York Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>88 Harbor Road</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Port Washington, NY 11050</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Mike Baudo</b>		Telephone No. <b>516-944-9500</b>	Telephone No. <b>718-605-6256</b>						
		License No. <b>00774</b>							
Start Date (10) <div style="text-align: center;">09 / 13 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">09 / 28 / 14</div>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-1:00pm to 9:00 pm</u> <u>PM/8:00 am</u> <u>to 8:00PM-</u> <u>AM</u>		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC, NY 11101</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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility</b> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mens and Ladies Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Mastic	380SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Teller Line	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mens and Ladies Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Mastic	480 SF	<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>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>09/28/14</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 			Date <b>09-22-2014</b>		



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Ch # 2695  
**RECEIVED**

Date of Notification (1) <b>8/29/14</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>E. A. MacMillan Building</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Bob Ortego</b>						
			Telephone Number _____						
			2014 SEP -3 PM 9:24 ASBESTOS CONTROL & LICENSING						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Forrestal Campus Boiler House – Princeton University</b> Street Address <b>300 Forrestal Rd</b> City (5) <b>Princeton</b> County (6) <b>Mercer</b> County Code (7) _____		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUBCHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <b>22000</b> # of Floors <b>3</b> Bldg. Age <b>100+</b> Current Use (Prior if being demolished) <b>University</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b> Street Address <b>Three Terri Lane</b> City, State & Zip Code <b>Burlington, NJ 08016</b> Project Manager for Monitoring Firm <b>Mike Keehn</b> Telephone Number <b>609-386-8800</b>		ASCM No. _____ Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b> Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b> Telephone Number <b>(215)788-6040</b> License Number <b>00509</b>							
Scheduled Start Date (10) <b>9/8/14</b> Scheduled Completion Date (11) <b>9/9/14</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b> Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement 7:00am to 3:30 pm									
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf ≥260 lf         </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 checked="" type="checkbox"/> Glove Bag Procedures  <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
					Removal Repair Encapsulate Enclose				
Area #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fitting	2 ea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris cleanup	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	3 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area #4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	46 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area #6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc</b> City, State <b>Bristol, PA</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1 cu yd</b>	Name of Registered Landfill <b>GROWS Landfill</b> City, State <b>Morrisville, PA</b>					
Disposal Date <b>9/9/14</b>									
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>8/29/14</b>		



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

B & G proj. #: 2014-151

Check # 6729 **RECEIVED**

Date of Notification (1) 08/12/14		Name of Building Owner/Operator (2) Erica Friedman	
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 44 Olyphant Drive	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Erica Friedman	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Erica Friedman			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 44 Olyphant Drive			Square Feet # of Floors Bldg. Age		
City (5) Morristown, NJ 07960	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	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) 09/11/2014		Sched. Completion Date (11) 09/11/2014		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- |                                                    |                                                |                                                               |                                                |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> 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			x	duct insulation (round)	60 lf		x		
basement			x	duct insulation (square)	10 sqft		x		

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/4	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 09/12/2014		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/29/2014



B &amp; G proj. #: 2014-150

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

Check # 6728

Date of Notification (1) <u>10/8/12</u> / <u>11/14/14</u>		Name of Building Owner/Operator (2) Estate of Robert Gero		2014 SEP -3 PM 9:27	
Agencies Notified	Type Notification	Street Address 1 Myrtle Avenue		ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Madison, NJ 07940			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David & Valerie Friedman		Telephone Number 201-696-6869	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation				
<input checked="" type="checkbox"/> DOH					
<input type="checkbox"/> DCA					

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Robert Gero			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 1 Myrtle Avenue			Square Feet # of Floors Bldg. Age		
City (5) Madison, NJ 07940	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	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) 09/10/2014		Sched. Completion Date (11) 09/10/2014		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, 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	5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	40 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/11/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/29/2014



PK 3566

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

Date of Notification (1) 9/2/14		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office							
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 EA McMillan Building  City, State, Zip Code Princeton, NJ 08544  Name of Contact Bob Ortego Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 27 Maclean			Square Feet 1600 # of Floors 2 Bldg. Age 59						
City (5) Princeton		County (6) Mercer		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Unoccupied Residence					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCN No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505		Telephone No. 484-872-8884 License No. 01161					
Start Date (10) 9/22/14		Scheduled Completion Date (11) 9/26/14		Name of OSHA Monitor EMSL					
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 200 US 130 North  City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Attic			X	Transite heat shield	40 SF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 40		Name of Registered Landfill GROWS Landfill			
City, State Trenton, NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 9/2/14			



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

Date of Notification (1) 9/2/14		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office		<div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014 SEP -3 PM 9:00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ASBESTOS CONTROL &amp; LICENSING</div>					
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortego		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address 240 Hartley Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Princeton			Square Feet 1600	# of Floors 2	Bldg. Age 59				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Unoccupied Residence					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCN No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 9/22/14		Scheduled Completion Date (11) 10/10/14		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)			Street Address 200 US 130 North						
<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: Hours: 8 am - 4:30 pm			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Windows			X	Window caulk	1350 LF	X			
Interior Walls / Ceiling			X	Joint Compound on GWB	3545 SF	X			
Kitchen			X	VAT and Mastic	415 SF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 9/2/14		



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

Check # 2217

Date of Notification (1) 09 / 02 / 14		Name of Building Owner / Operator (2) Mondelez International		RECEIVED	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
Street Address 2211 Route 208		City, State, Zip Code Fairlawn, New Jersey, 07410		2014 SEP 3 PM 9:34	
Name of Contact JOHN LISSY		Telephone Number ASBESTOS CONTROL DIVISION			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 2211 Route 208					
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. \		
Street Address 907 Doolittle Drive			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code Bridgewater, NJ 08807			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-218-1108		Telephone Number 973-884-8682		License Number 00860	
Scheduled Start Date (10) 09 / 16 / 14		Sched. Completion Date (11) 12 / 30 / 14			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				R E M O V A L	E N C A P S U L
				R E P A I R	E N C L O S U R
SEE ATTACHED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 09/02/14



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	1,025 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GASKET	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIRING	3,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	4,265 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY - 1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	175 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>



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

*Check 4-2216*

Date of Notification (1) 09 / 02 / 14		Name of Building Owner / Operator (2) CHEVRON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1200 STATE STREET		City, State, Zip Code PERTH AMBOY, NJ	
Name of Contact ROBERT MANCINI		Telephone Number [REDACTED]	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CHEVRON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1200 STATE STREET			Building Age N/A		
City (5) PERTH AMBOY	County (6) MIDDLESEX	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) PRODUCTION
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 DOOLITTLE DRIVE		Street Address 32 Williams Parkway			
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code East Hanover, Nj 07936			
Project Mngr. For Monitoring Firm ERIC		Telephone Number 908-218-1108	Telephone Number 973-884-8682		
Schedul Start Date (10) 09 / 04 / 14		Sched. Completion Date (11) 09 / 08 / 14	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, Nj 07936		

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
SMWU20	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	GASKET DEBRIS	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AOC41	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	GASKET DEBRIS	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

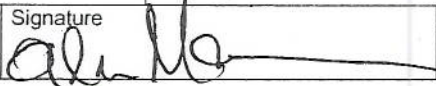
Name of Registered Waste Hauler BY OWNER	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill
City, State	Disposal Date	City, State	

Completed by (Print or Type) STEVE STILES	Title PROJECT MANAGER	Signature <i>Steve Stiles</i>	Date 09/09/14
----------------------------------------------	--------------------------	----------------------------------	------------------

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

RECEIVED

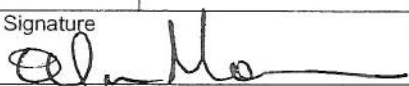
Date of Notification (1) <b>08 / 29 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>							
Name of Contact <b>Rick Ferrera</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>55 Weber Avenue</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>Sayreville</b>		County Code (7) (STATE USE ONLY)							
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		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>	License No. <b>1188</b>						
Start Date (10) <b>09 / 02 / 14</b>		Scheduled Completion Date (11) <b>11 / 14 / 14</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		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>27 Outwater Lane</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>8/29/14</b>			



CK 1020

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

RECEIVED

Date of Notification (1) 08 / 29 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Rick Ferrera		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 81 Boehmhurst Avenue		Square Feet							
City (5) Sayreville		# of Floors							
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188									
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 11 / 14 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
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
Interior Basement & Extr. Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk & Galzing	195 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interior Attic Stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stairway Tread	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interior Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Floor Tile & Mastic	352 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 8/29/14			

CK 1026

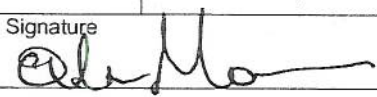
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 08 / 29 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08608					
Name of Contact Rick Ferrera		Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 125 MacArthur Avenue		Square Feet					
City (5) Sayreville		# of Floors					
County (6) Middlesex		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.					
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane					
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026					
Telephone No. 973-494-3762		Telephone No. 973-928-4888					
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 11 / 14 / 14					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 27 Outwater Lane					
City, State, Zip Code Garfield, NJ 07026		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Joint Compound	2,875 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Windows/Doors	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Caulk	200 LF	<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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill			
City, State Newark, NJ		Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature 		Date 8/29/14		

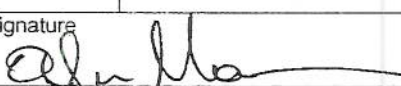


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>08 / 29 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>	
Name of Contact <b>Rick Ferrera</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>133 MacArthur Avenue</b>		Square Feet	
City (5) <b>Sayreville</b>		# of Floors	
County (6) <b>Middlesex</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>	
Start Date (10) <b>09 / 02 / 14</b>		License No. <b>1188</b>	
Scheduled Completion Date (11) <b>11 / 14 / 14</b>		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>	
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	
City, State, Zip Code <b>Garfield, NJ 07026</b>			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</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)		Amount (Specify SF or LF)	
Abatement Type			
Removal Repair Encapsulate Enclosure			
Interior Throughout		Joint Compound 2,000 SF	
Interior Bathroom & Basement		Floor/Wall Tile & Thin Set Mortar 205 SF	
Interior Basement		Flue Packing 3 SF	
Exterior Chimney/Roof		Flashing Tar 10 SF	
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	
Cubic Yards of Waste <b>As Needed</b>		Name of Registered Landfill <b>IESI Landfill</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>	
City, State <b>Bethlehem, PA</b>			
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>	
Signature 		Date <b>8/29/14</b>	

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

RECEIVED


Date of Notification (1) <b>08 / 29 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>					
Name of Contact <b>Rick Ferrera</b>		Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>174 MacArthur Avenue</b>		Square Feet					
City (5) <b>Sayreville</b>		# of Floors					
County (6) <b>Middlesex</b>		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.					
Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>		ASCM No.					
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) <b>09 / 02 / 14</b>		Scheduled Completion Date (11) <b>11 / 14 / 14</b>					
Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>		Name of OSHA Monitor					
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>		City, State, Zip Code <b>Garfield, NJ 07026</b>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			
				Removal	Repair	Encapsulate	Enclosure
Interior Throughout	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Joint Compound	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interior 2 <sup>nd</sup> Floor Bedroom	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Floor Tile	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Caulking	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>			
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>				
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>	Signature 		Date <b>8/29/14</b>		



CK 1026

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

RECEIVED

Date of Notification (1) <b>08 / 29 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>							
Name of Contact <b>Rick Ferrera</b>		Telephone Number ..							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>176 MacArthur Avenue</b>		Square Feet							
City (5) <b>Sayreville</b>		# of Floors							
County (6) <b>Middlesex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.							
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>							
Start Date (10) <b>09 / 02 / 14</b>		License No. <b>1188</b>							
Scheduled Completion Date (11) <b>11 / 14 / 14</b>		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>							
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
Interior Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decorative Brick Mortar	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built Up Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>8/29/14</b>			

CK 1731

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

RECEIVED


Date of Notification (1) 08 / 29 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 35 Bordentown Avenue		Square Feet	
City (5) Sayreville		# of Floors	
County (6) Middlesex		Bldg. Age	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		License No. 1188	
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 11 / 14 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	
<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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Transite Siding	950 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill
City, State Newark, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 8/29/14




CK 1731

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

RECEIVED

Date of Notification (1) <b>08 / 29 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		<div style="float: right; text-align: right;">2014 SEP 23 PM 9:19</div> <div style="float: right; text-align: right;">ASBESTOS CONTROL &amp; LICENSING</div>	
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>33 West State Street</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact <b>Rick Ferrera</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>37 Bordentown Avenue</b>			
City (5) <b>Sayreville</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		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>	License No. <b>1188</b>
Start Date (10) <b>09 / 02 / 14</b>	Scheduled Completion Date (11) <b>11 / 14 / 14</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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)
	Yes	No	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Name of Registered Landfill <b>IESI Landfill</b>
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature 	Date <b>8/29/14</b>

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


Date of Notification (1) 08 / 29 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Rick Ferrera		Telephone Number .....							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 42 William Street		Square Feet      # of Floors      Bldg. Age							
City (5) Sayreville		County Code (7) (STATE USE ONLY)							
County (6) Middlesex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 09 / 02 / 14	Scheduled Completion Date (11) 11 / 14 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Interior Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brick Mortar	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Basement Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney Flashing/Tar	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 8/29/14			



PK 1731

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

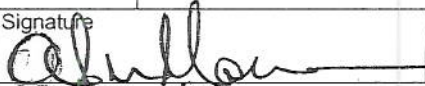
RECEIVED

Date of Notification (1) 08 / 29 / 14		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Rick Ferrera		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 60 William Street		Square Feet # of Floors Bldg. Age							
City (5) Sayreville		County Code (7)(STATE USE ONLY)							
County (6) Middlesex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762							
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 11 / 14 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
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 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
Interior Kitchen/Basement Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compnd/Wallpaper/Adhesive	2,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interior Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Tile & Mortar	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Windows/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Roof & Chimmney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking & Roofing Cement	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 8/29/14			

CK 1731

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

**RECEIVED**

Date of Notification (1) <b>08 / 29 / 14</b>			Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>33 West State Street</b>					
				City, State, Zip Code <b>Trenton, NJ 08608</b>					
		Name of Contact <b>Rick Ferrera</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>64 William Street</b>									
City (5) <b>Sayreville</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>					
Start Date (10) <b>09 / 02 / 14</b>		Scheduled Completion Date (11) <b>11 / 14 / 14</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address <b>27 Outwater Lane</b>						
			City, State, Zip Code <b>Garfield, NJ 07026</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vent Cement	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiring Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Newark, NJ</b>				Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>				
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>8/29/14</b>			



CHECK #  
3413

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

RECEIVED

2014 SEP -3 PM 7:53

Date of Notification (1) <u>8/29/14</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u> City, State, Zip Code <u>BRIGANTINE N.J. 08203</u>					
		Name of Contact <u>BOB.</u>	Telephone Number <u>732-511-2000</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>19 BAY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>DELANCO, NJ</u>		Bldg. Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>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>8/15/14</u>	Scheduled Completion Date (11) <u>9/22/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>3000 lb</u>	Abatement Type		
	Yes	No			N/A	Removal	Repair
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <u>CRA CARMA</u>			
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	City, State <u>BRIGANTINE N.J</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>Michael Klemm</u>	Date <u>8/29/14</u>				



CHECK #  
3413

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

RECEIVED

2014 SEP -3 PM 7:53

Date of Notification (1) <u>8/29/14</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u> City, State, Zip Code <u>BRIGANTINE N.J. 08203</u>							
		Name of Contact <u>BOB.</u>	Telephone No. _____						
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>460 17TH ST.</u>		Square Feet <u>1000</u>							
City (5) <u>BRIGANTINE</u>		# of Floors <u>2</u>							
County (6) <u>ATLANTIC</u>		Bldg. Age <u>40+</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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>							
Telephone No.		License No. <u>00444</u>							
Start Date (10) <u>9/15/14</u>		Scheduled Completion Date (11) <u>9/22/14</u>							
Name of OSHA Monitor <u>JOSEPH KLEMM</u>		Street Address <u>369 S. SPRUCE AVE</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input 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) <u>2900 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <u>ACUA</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>						
Completed By <u>MICHAEL KLEMM</u>		Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>8/29/14</u>					



CHECKED  
3413

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

RECEIVED

Date of Notification (1) <u>8/29/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>300 77TH ST</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number <u>917-</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>113 49TH ST</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>		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>9/17/14</u>	Scheduled Completion Date (11) <u>9/24/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 0805</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM): <u>TO BE ABATED IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<u>SIDING</u>			<u>X</u>	<u>8'000</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBURG, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>9/29/14</u>				



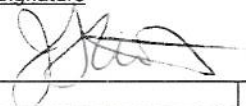
NO CK

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

<b>Date of Notification (1)</b> August 29, 2014		<b>Name of Building Owner/Operator (2)</b> Hess Corporation	
<b>Agencies Notified</b> (x) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA	<b>Notification Type</b> ( ) Initial Notification (x) Amended Certification ( ) Cancelled	<b>Street Address</b> 1 Hess Plaza	
		<b>City, State, Zip Code</b> Woodbridge, NJ 07095	
		<b>Name of Contact</b> David Dolnick	<b>Tel. Number</b> (732) 322-1234
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Hess Corporation Refinery		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 750 Cliff Road		<b>Sq. Feet</b> 512,943 <b># of Floors</b> NA	
<b>City (5)</b> Port Reading	<b>County (6)</b> Middlesex	<b>County Code (7)</b> (State Use Only)	
<b>City, State, Zip Code</b> Edison, New Jersey 08837		<b>City, State, Zip Code</b> Bethlehem, PA 18015	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Bureau Veritas		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Brandenburg Industrial Service Company
<b>Street Address</b> 110 Fieldcrest Avenue		<b>Street Address</b> 2217 Spillman Dr.	
<b>City, State, Zip Code</b> Edison, New Jersey 08837		<b>City, State, Zip Code</b> Bethlehem, PA 18015	
<b>Project Manager for Monitoring Firm</b> Kirit H. Vora	<b>Telephone Number</b> 732-225-6040	<b>Telephone Number</b> (610) 691 - 1800	<b>License Number</b> 00721
<b>Scheduled Start Date (10)</b> Demolition - February 4, 2014 Asbestos - July 7, 2014	<b>Scheduled Completion Date (11)</b> Demolition - December 15, 2014 Asbestos - September 12, 2014	<b>Name of OSHA Monitor</b>	
<b>Occupancy Status During Abatement (Check only one)</b> (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b>	
Describe - Removal of ACM in closed/shutdown refinery		<b>City, State, Zip Code</b>	
Other - Work Hours will be Mon - Fri 7:00 am - 5:30 pm, Sat 7:00 - 3:30			
<b>Source of Work (Check all that apply)</b> (x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
			<b>Abatement Type</b> Rem. Rep. Encap. Enclose
FCC/Gas Comp	X	Transite	9,900 SF
Utility	X	Transite	5,750 SF
Utility	X	Pipe Insulation	10 LF
Utility	X	Floor Tile	275 LF
Fuel Gas Comp.	X	Drum Insulation	150 SF
Millwright Shop	X	Floor Tile	1,000 SF
Warehouse	X	Floor Tile	320 SF
Warehouse	X	Tape and Joint Compound	48 SF
Warehouse	X	Window Caulk	300 LF
Warehouse	X	Transite	6,000 SF
I&E Shop	X	Floor Tile	384 SF
I&E Shop	X	Tape and Joint Compound	120 SF
I&E Shop	X	Window Caulk	102 LF
I&E Shop	X	Pipe Insulation	90 LF
Firehouse/Locker Room	X	Floor Tile	3,954 SF
Firehouse/Locker Room	X	Black Roof Flashing	20 SF
Firehouse/Locker Room	X	Black Roof Material	4,050 SF
Firehouse/Locker Room	X	Black Mastic Material	2,000 SF



<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Co.	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 161 NT	<u>Name of Reg. Landfill</u> IESI
<u>City, State</u> Bethlehem, PA	<u>Disp. Date</u> July 9, 2014		<u>City, State</u> Bethlehem, PA
<u>Completed by (Print or Type)</u>  Jennifer Strobel	<u>Title</u>  Contract Manager	<u>Signature</u> 	<u>Date</u> 08/29/14

Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

NO CK

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification (1) <b>8/26/14</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>		2014 SEP -3 PM 7:06					
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 <input checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> Cancellation <b>8/28/14</b>		Street Address <b>1490 Prospect Street</b>		ASBESTOS CONTROL & LICENSING				
			City, State & Zip Code <b>Trenton, NJ 08638</b>						
			Name of Contact <b>Mr. Everett O. Collins</b>						
			Telephone Number <b>7000</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Monument School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>145 Pennington Avenue</b>			Square Feet <b>64,000</b> # of Floors <b>2</b> Bldg. Age <b>60+</b>						
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Steven Faress</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>					
Scheduled Start Date (10) <b>8/28/14</b>	Scheduled Completion Date (11) <b>8/28/14</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>3:00 PM to 11:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>						
			City, State & Zip Code <b>Bristol, PA 19007</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Room A-12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	2 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room A-14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	2 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental, Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>8/28/14</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / jfl</i>				Date <b>8/26/14</b>		

GI 14144



NO CK

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

RECEIVED

Date of Notification (1) 8 / 11 / 14		Name of Building Owner/Operator (2) Trustees of Princeton University		2014 SEP -3 PM 7:06	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-8/19/14 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation 8/28/14		Street Address E.A MacMillan Building	
		City, State, Zip Code Princeton, NJ 08544		ASBESTOS CONTROL & LICENSING	
		Name of Contact Robert Ortega		Telephone Number - 1041	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Princeton University			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 5 Ivy Lane			Square Feet		
City (5) Princeton			# of Floors		
County (6) MERCER			Bldg. Age		
County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center, 3 Terri Lane, Ste. 12		Street Address 1123 BEAVER STREET			
City, State, Zip Code Burlington		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800		License No. 00509	
Start Date (10) 8 / 21 / 14		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM			Street Address 1123 BEAVER STREET		
			City, State, Zip Code BRISTOL, PA 19007		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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) IN Facility (13) TO BE ABATED		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)	
No. Side Rear Ext Roof Parapet Wall		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Stucco on Roof	
		<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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	
City, State BRISTOL, PA 19007		Disposal Date		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro	
				Date 8/19/14	

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

CL# 2684

Date of Notification (1) <div style="text-align: center;">8 / 11 / 14</div>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 8019 <input checked="" type="checkbox"/> DHSS 9002 <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 E.A MacMillan Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University		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 5 Ivy Lane									
City (5) Princeton		Square Feet	# of Floors						
		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center, 3 Terri Lane, Ste. 12		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 8 / 21 / 14	Scheduled Completion Date (11) 9 / 4 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <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
No. Side Rear Ext Roof Parapet Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco on Roof	150 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro			Date 8/11/14			



MO 22030274171

Print Form


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

RECEIVED

Date of Notification (1) 8/25/14		Name of Building Owner/Operator (2) Karen Putnam		2014 SEP -3 PM 7:42	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		37 Fulton Street	
				City, State, Zip Code Bloomfield, NJ 07003	
				Name of Contact Karen Putnam	
				Telephone Number -	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)	
Street Address 37 Fulton Street				<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) Bloomfield				Square Feet N/A	# of Floors N/A
County (6) Essex				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address				Street Address 11 Rosengren Avenue	
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 9/04/14		Scheduled Completion Date (11) 9/05/14		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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)
	Yes	No	N/A		
basement		X		pipe insulation	40 LF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>	Date 8/25/14

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

265-NJ-14

Date of Notification (1) 08/28/2014		Name of Building Owner/Operator (2) Dawn Wohlrab		RECEIVED					
Agencies Notified ( ) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA	Notification Type ( ) Initial Notification (x) Amended Amendment # 2 ( ) Emergency (including justification) ( ) Cancellation	Street Address 53 South Woodland St		2014 SEP -3 PM 7:46					
		City, State, Zip Code Englewood, NJ 07631		ASBESTOS CONTROL					
		Name of Contact Dawn Wohlrab		Ref. Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant House			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 53 S Woodland Ave									
City (5) Englewood			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner (8) ABS Environmental Services		ASCM No.	Name of Contractor (9) Cid & Sons, LLC						
Street Address PO Box 483		Street Address 365 River Drive							
City, State, Zip Code Glenwood, NJ 07418		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Scott Higgins	Telephone Number (973)764-2276	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 08/31/2014	Scheduled Completion Date (11) 09/30/2014	Name of OSHA Monitor Testor Tech							
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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Source of Work (Check all that apply)									
(x) ≥ 3 sf or ≥ 3 lf (x) ≥ 160 sf or ≥ 260 lf		(x) Renovation ( ) Demolition	( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glove bag 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof Tar	100 SF	X			
Kitchen NE Hall			X	Floor Material	100 SF	X			
NE Storage Entrance			X	Floor Material	50 SF	X			
Basement Center			X	Pipe Insulation	140 LF	X			
Basement Boiler			X	Boiler Flue	2 SF	X			
Name of Reg. Waste Hauler Cid & Sons, LLC	NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Roque Schipilliti Jr.	Title Project Manager	Signature 			Date 08/28/2014				



RECEIVED

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 26:27 and 12:27)

Check # 0794

Date of Notification (1) 8/29/14 2014 SEP -3 PM 7:39		Name of Building Owner/Operator (2) City of Paterson		APPROVED NJ Dept. of Health & Senior Services <i>David L. Fowler</i> (signature) Date: 8/29/14 Time: 1:46PM	
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 checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 Broadway City, State, Zip Code Paterson, NJ 07502 Name of Contact Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Church Facility			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 6 E. 20th St			Square Feet 3,000		
City (5) Paterson			# of Floors 1		
County (6) Passaic			Bldg. Age 50+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Church		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp	
Street Address n/a		Street Address 22 Troy Ln		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		License No. 01193	
Start Date (10) 9/2/14		Scheduled Completion Date (11) 9/8/14		Name of OSHA Monitor Loznica Management Corp	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other— Describe: Burned Building Abandoned				Street Address 22 Troy Ln	
				City, State, Zip Code Lincoln Park, NJ 07035	
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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friction 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)	
ENTIRE STRUCTURE		X		ENTIRE STRUCTURE TO BE DISPOSED AS ACM BY DEMOLITION COMPANY	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Riverdale, NJ		Disposal Date TBD		Name of Registered Landfill TBD	
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	
				Date 8/29/14	

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

RECEIVED Check # 7585

Date of Notification (1) <b>8/27/14</b>		Name of Building Owner/Operator (2) <b>New Jersey Department of Military Affairs</b>	
Agencies Notified	Type of Notification	Street Address	<b>2014 SEP -3 PM 7:39</b> <b>ASBESTOS CONTROL &amp; LICENSING</b>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	<b>101 Eggerts Crossing Road</b>  City, State, Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>William McBride</b>	
		Telephone Number	<b>7585</b>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Sea Girt NGTC</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>381 Sea Girt Avenue</b>			Square Feet	# of Floors	Bldg. Age ~50
City (5) <b>Sea Girt</b>	County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices, training center		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>9/8/14</b>	Sched. Completion Date (11) <b>9/22/14</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

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

☐ Renovation

- ☐ Full Containment with Negative Pressure  
☐ Mini – Enclosure  
☐ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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	R	E	E	
1 <sup>st</sup> floor office – Bldg 8		x		VAT	750 SF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>9/30/14</b>	City, State <b>Waynesburg, OH</b>
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>8/27/14</b>



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

RECEIVED Check # 7584

Date of Notification (1) 8/29/14		Name of Building Owner/Operator (2) Mercer County Community College	
Agencies Notified	Type of Notification	Street Address 1200 Old Trenton Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Windsor, NJ 08550	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Valerie Sassaman	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 1-201-9 (Cell)	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

2014 SEP -3 PM 7:39

ASBESTOS CONTROL  
& LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Trenton Hall Annex			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 and commercial buildings, homes, etc.)		
Street Address 137-139 North Broad St.			Square Feet 20000		
City (5) Trenton			County (6) Mercer		# of Floors 4
			County Code (7) (STATE USE ONLY)		Bldg. Age ~65
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Rd.			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858		License Number 00852
Scheduled Start Date (10) 9/8/14			Sched. Completion Date (11) 10/31/14		Name of OSHA Monitor J & S Environmental Laboratories, LLC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

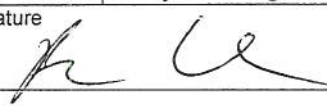
## Scope of Work (Check all that apply)

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

☐ Renovation

- ☐ Full Containment with Negative Pressure  
☒ Mini – Enclosure  
☐ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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	R	E	E
Various areas		x		VAT and mastic	6000 SF	x			
Basement		x		TSI	200LF, 40SF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 20		Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 10/30/14		City, State Waynesburg, OH			
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 8/29/14	

RECEIVED

Aug 29 2014 08:01am

P001/001

Check # 8541

2014 SEP -3 PM 7:58

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

Date of Notification (1) 8/29/14		Name of Building Owner/Operator (2) KRI AND SMITH		APPROVED NJ Dept. of Health & Senior Services Paul C. Homen (signature) Date: 8/29/14 Time: 8:00AM	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 EISENHOWER PARKWAY City, State, Zip Code ROSELAND, N.J. 07068 Name of Contact RICK SHAWHUN Telephone Number 710 200-0000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) OAKLAND FARMS			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 28 WEST OAKLAND AVE			Square Feet 12000		
City (5) OAKLYN			# of Floors 3		
County (6) CAMDEN			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) APTS		
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 Glen Rock, N.J. 07452	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 8/29/14		Scheduled Completion Date (11) 9/2/14		Street Address 280 Huyler Street	
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 Hackensack, NJ 07606			
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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)	
Boiler Room		X		PIPE 4522 X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverdale, New Jersey 07457		Disposal Date 8/29/14		City, State Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature R. McDonald Date 8/29/14	



MO#21901428707

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

RECEIVED

2014 SEP -3 PM 7:37

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 08 / 28 / 14		Name of Building Owner/Operator (2) Bob Warnock	
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 518 Eder Avenue		City, State, Zip Code Wyckoff, NJ 07481	
Name of Contact Bob Warnock		Telephone Number 201-651-0101	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 and commercial buildings, homes, etc.)	
Street Address 518 Eder Avenue		Square Feet	
City (5) Wyckoff, NJ 07481		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 09 / 08 / 14		Scheduled Completion Date (11) 09 / 09 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>	
Date 08/28/2014					

ASB-41

MAY 11

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



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

CHECK 5232

Date of Notification (1) <b>8-29-14</b>		Name of Building Owner/Operator (2) <b>J. SCHANCK</b>		<b>RECEIVED</b>						
Agency Notified <input type="checkbox"/> EPA <input 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>116 DANIEL AVENUE</b>						
		City, State, Zip Code <b>RUTHERFORD, NJ 07070</b>		Date <b>SEP-3 PM 7:43</b>						
		Name of Contact <b>J. EMM</b>		Telephone Number <b>201-329-7444</b>						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>J. SCHANCK</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (e.g. private & commercial buildings, homes, etc.)						
Street Address <b>116 DANIEL AVENUE</b>				Square Feet <b>1950</b>						
City (5) <b>RUTHERFORD</b>				# of Floors <b>2</b>						
County (6) <b>BERGEN</b>				Bldg. Age <b>88 yrs</b>						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)						
Street Address				<b>Best Removal Inc</b>						
City, State, Zip Code				Street Address <b>450 S. River St</b>						
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Start Date (10) <b>9-11-14</b>		Scheduled Completion Date (11) <b>9-12-14</b>		Telephone No. <b>201-329-7444</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>				License No. <b>00388</b>						
				Name of OSHA Monitor <b>Omega Environmental Inc</b>						
				Street Address <b>280 Huyler St</b>						
				City, State, Zip Code <b>South Hackensack, N.J. 07606</b>						
Scope of Work (Check all that apply)										
<input type="checkbox"/> $\geq 5$ of or $\geq 3$ F <input type="checkbox"/> $\geq 100$ of or $\geq 250$ F <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Finish Procedure										
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify lb or ft <sup>3</sup> )		Abatement Type		
								Removal	Repair	Encapsulate
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>VAT + MASTIC</b>		<b>190 SF</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>THERMAL INSULATION</b>		<b>15 LFX</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>1 1/2 yds</b>		Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>9-12-14</b>		City, State <b>Waynesburg, Oh</b>						
Completed by <b>R. VELDRAAN</b>		Title <b>Estimator</b>		Signature <b>R. Veldraan</b>		Date <b>8-29-14</b>				



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

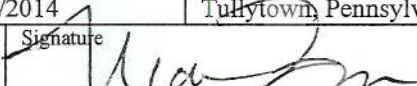
ck # 25051  
RECEIVED

Date of Notification (1) August 29, 2014		Name of Building Owner/Operator (2) Zarrilli 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 186 Mantoloking Road	
		City, State, Zip Code Brick, NJ 08723	
		Name of Contact Rich Zarilli	Telephone Number 732-349-9932

**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 22 Halsey Drive					
City Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1274sf	# of Floors 1	Bldg. Age 69
			Current Use (Prior if being demolished) Residence		
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) 08/29/2014	Scheduled Completion Date (11) 09/02/2014		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		
[ ] Renovation [ x ] 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 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	250 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 09/03/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/29/14

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

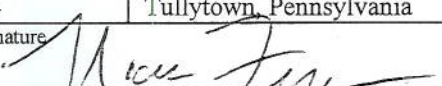
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

ch# 25050  
RECEIVED

Date of Notification (1) <b>August 29, 2014</b>		Name of Building Owner/Operator (2) <b>Zarrilli Homes</b>	
Agencies Notified	Type of Notification	Street Address	<b>2014 SEP -3 PM 7:55</b>
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>186 Mantoloking Road</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	<b>ASBESTOS CONTROL &amp; LICENSING</b>
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Brick, NJ 08723</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Rich Zarilli</b>	<b>856-7040</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>18 Vance Avenue</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Lavallette</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1200sf</b>	# of Floors <b>2</b>	Bldg. Age <b>99</b>	
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>		
Scheduled Start Date (10) <b>08/29/2014</b>	Scheduled Completion Date (11) <b>09/02/2014</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one)		Street Address <b>1056 Stelton Road</b>			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
<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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <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)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	400 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>09/03/2014</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>8/29/14</b>		

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



CL# 2696  
Pg 1

**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;">8 / 15 / 14</div>		Name of Building Owner/Operator (2) <b>Nustar Energy Linden</b>		<b>RECEIVED</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 checked="" type="checkbox"/> Amended Amendment #1-8/29/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4501 Tremley Point Road</b> City, State, Zip Code <b>Linden, NJ 07036</b> Name of Contact <b>Fabien Kulynych</b> Telephone Number - - - - -							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy Linden</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>4501 Tremley Point Road</b>			Square Feet - # of Floors - Bldg. Age -								
City (5) <b>Linden</b>		County Code (7) (STATE USE ONLY) <b>Union</b>									
County (6) <b>Union</b>		Current Use (Prior if being demolished) <b>Chemical Bldg</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCN No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 BEAVER STREET</b>									
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>									
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>800-9696-AET</b>		License No. <b>00509</b>							
Start Date (10) <div style="text-align: center;">9 / 2 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">9 / 12 / 14</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / - PM - AM			Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>								
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <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
Boiler house		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	206 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof flashing	585 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
So Office, NW Office		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2825 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NW Break Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	1170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>20</b>		Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>8/25/2014</b>		City, State <b>Waynesburg, OH</b>							
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>				Date <b>8/29/14</b>			

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

Ch # 2696  
Pg 2

Date of Notification (1) 8 / 15 / 14		Name of Building Owner/Operator (2) Nustar Energy Linden							
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 checked="" type="checkbox"/> Amended Amendment #1-8/29/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4501 Tremley Point Road							
		City, State, Zip Code Linden, NJ 07036							
		Name of Contact Fabien Kulynych	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nustar Energy Linden		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 4501 Tremley Point Road		Square Feet	# of Floors						
City (5) Linden		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical Bldg							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 N. Pennell Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 800-9696-AET	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 9 / 2 / 14	Scheduled Completion Date (11) 9 / 12 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Main Bldg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulking	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Bldg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Flashing	585 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date 8/25/2014	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature Gino Pizzigoni/jl				Date 8/29/14			



CR # 2681  
Pg. 1

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;">8 / 15 / 14</div>		Name of Building Owner/Operator (2) <b>Nustar Energy Linden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA 4586 <input checked="" type="checkbox"/> DOLWD 7975 <input checked="" type="checkbox"/> DHSS 7968 <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>4501 Tremley Point Road</b>							
		City, State, Zip Code <b>Linden, NJ 07036</b>							
		Name of Contact <b>Fabien Kulynych</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy Linden</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>4501 Tremley Point Road</b>		Square Feet -	# of Floors -						
City (5) <b>Linden</b>		Bldg. Age -							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Chemical Bldg</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>800-9696-AET</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">9 / 1 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 12 / 14</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <div style="margin-left: 400px;"> <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         </div>									
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>Boiler house</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe fittings</b>	<b>206 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roof</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Roof flashing</b>	<b>585 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>So Office, NW Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>2825 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NW Break Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mastic</b>	<b>1170 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>8/25/2014</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>			Date <b>8/15/14</b>		



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

Pg. 2

Date of Notification (1) <div style="text-align: center;">8 / 15 / 14</div>		Name of Building Owner/Operator (2) <b>Nustar Energy Linden</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>4501 Tremley Point Road</b>						
			City, State, Zip Code <b>Linden, NJ 07036</b>						
		Name of Contact <b>Fabien Kulynych</b>		Telephone Number <b>732-325</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy Linden</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>4501 Tremley Point Road</b>									
City (5) <b>Linden</b>			Square Feet -	# of Floors -	Bldg. Age -				
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Chemical Bldg</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>28 N. Pennell Road</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Media, PA 19063</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>800-9696-AET</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <div style="text-align: center;">9 / 1 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">9 / 12 / 14</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM- ____ AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <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
<b>Main Bldg</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulking</b>	<b>140 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Main Bldg</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Window Flashing</b>	<b>585 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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>20990</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>8/25/2014</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>8/15/14</b>			



07/02/2031 08:28 FAX

CK 3223

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0003/0004

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

2014 SEP 3 PM 7:10  
DOL - 10 DAY  
ASBESTOS CONTROL & LICENSING  
WAIVER APPROVED

Date of Notification (1) 08/14/14		CK#3223	\$200	Name of Building Owner/Operator (2) South Plainfield Board of Education		Street Address 125 Jackson Avenue		City, State, Zip Code South Plainfield, New Jersey 07080		Name of Contact Lori Tirone		Telephone Number 800-...	
Agencies Notified		Type Notification		Name of Facility Where Abatement is Taking Place (3) Grant School		Type of Facility (4)		Square Feet 17,000		# of Floors 2		Bldg. Age 65+	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
County (5) Middlesex				County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) School		Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address P.O. Box 385				City, State, Zip Code Oceanville, New Jersey 08231		Street Address 608 McBride Avenue		City, State, Zip Code Woodland Park, New Jersey 07424		Telephone No. 609-852-1833		Telephone No. 973-225-8400	
Project Manager for Monitoring Firm John Smoyer				Scheduled Completion Date (11) 08/18/14		Name of OSHA Monitor J&S Environmental Labs		Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083		License No. 01104	
Start Date (10) 08/15/14				Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Labs		Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083		License No. 01104	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM Start				<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									
Scope of Work (Check All That Apply)				<input type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2100 sf or 2260 lf		<input checked="" type="checkbox"/> Renovation <input 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)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type					
Room 84 & Hallway		Yes No N/A		Clean up Due To contamination				Renovate Repair Encapsulate Enclose					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1/2		Name of Registered Landfill G.R.O.W.S Landfill		City, State Morrisville, Pennsylvania					
City, State Woodland Park, New Jersey 07424		Disposal Date 08/18/14											
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 08/14/14							



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

Check#1982

RECEIVED

Date of Notification (1) 08 / 29 / 14		Name of Building Owner/Operator (2) Mary Latini	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 470 Stuyvesant Avenue		City, State, Zip Code Rutherford, NJ 07070	
Name of Contact Mary Latini		Telephone Number 201	

2014 SEP -3 PM 7:28

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 and commercial buildings, homes, etc.)	
Street Address 470 Stuyvesant Avenue		Square Feet	
City (5) Rutherford, NJ 07070		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (5)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	
				License No. 01127	

Start Date (10) 09 / 09 / 14		Scheduled Completion Date (11) 09 / 10 / 14		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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
				City, State, Zip Code Fair Lawn, NJ 07410	

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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/29/2014	



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

Check # 9049

RECEIVED

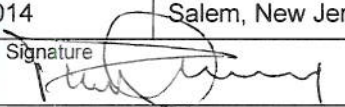
Date of Notification (1) 2014 SEP -3 8-30-14		Name of Building Owner/Operator (2) Brennan Bros. Contractors						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL & LICENSING <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 28 Maple Street		City, State, Zip Code Old Bridge NJ 08857						
Name of Contact Mike Brennan		Telephone Number ---						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling (Vacant)		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 11 Appleby Street		Square Feet 600						
City (5) Old Bridge NJ 08857		# of Floors 1						
County (6)		Current Use (Prior if being demolished) Single family Dwelling						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A						
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc						
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337						
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533						
Telephone No. 609 758-3365		License No. 00394						
Start Date (10) 9-10-14		Scheduled Completion Date (11) 9-12-14						
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc						
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
Exterior walls			x Siding Shingles	1500 sf x				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 6		Name of Registered Landfill Waste Management of PA		
City, State New Egypt NJ		Disposal Date 9-12-14		City, State Morningsville PA		Date 8-30-14		
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 8-30-14		



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

CHECK NO. 5429

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Date of Notification (1) 8/29/2014		Name of Building Owner/Operator (2) State of New Jersey, DHS		2014 SEP -3 PM 7:33					
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 222 S. Warren Street City, State, Zip Code Trenton, New Jersey 08625 Name of Contact Katherine Fling					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vineland Developmental Center			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 1676 East Landis Ave.			Square Feet 500 SF Area # of Floors N/A Bldg. Age N/A						
City (5) Vineland		County (6) Cumberland		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Outside Cooling Tower					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.					
Street Address 344 West State Street		City, State, Zip Code Trenton, New Jersey 08618		Street Address 42 Ridge Road City, State, Zip Code Phoenixville, PA 19406					
Project Manager for Monitoring Firm John Duggan		Telephone No. 609 656-8101		Telephone No. 610 933-4332 License No. 00836					
Start Date (10) 9/15/2014		Scheduled Completion Date (11) 9/19/2014		Name of OSHA Monitor Neuber Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Work Outside Away From Public			Street Address Same City, State, Zip Code Same						
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
Cooling Tower Outside Kimble Cot	X			Transite Panels	~ 840 SF	X			
Cooling Tower Outside Bassett Cot	X			Transite Panels	~ 600 SF	X			
Name of Registered Waste Hauler Giordano's Recycling		NJDEP Waste Hauler ID No. 05353		Cubic Yards of Waste ~ 10 Cu Yds		Name of Registered Landfill Salem County Landfill			
City, State Vineland, New Jersey		Disposal Date 9/2014		City, State Salem, New Jersey					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 8/29/2014			



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

Ch# 1095  
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2014 SEP -3 PM 7:13

Date of Notification (1)		8/28/14		Name of Building Owner/Operator (2)		Mr. Steven Weinstein				
Agency Notified  <input checked="" type="checkbox"/> DEPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address		2817 Williamsburg Dr.		NJ DEPT. OF ENVIRONMENTAL CONTROL Dr. LICENSING			
			City, State, Zip Code		Wall Township, N.J. 07719					
			Name of Contact		Mr. Michael Santicari					
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)						
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
1337-1340 WEST 7 <sup>TH</sup> STREET				Square Feet		# of Floors	Blgd. Age			
City (5)				10,000		1	100			
PISCATAWAY N.J.				Current Use (Prior if being demolished)		HOUSE				
County (6)				County Code (7) (STATE USE ONLY)						
Middlesex										
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9)					
					Novatech Inc.					
Street Address			Street Address		P.O. Box 814					
			City, State, Zip Code		Old Bridge, NJ 08857					
City, State, Zip Code			Telephone No.		Telephone No.					
					(732) 238-7500					
Project Manager for Monitoring Firm			License No.		00806					
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor						
8/29/14		9/29/14		Novatech Inc.						
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:				P.O. Box 814						
				City, State, Zip Code						
				Old Bridge, NJ 08857						
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		
								Removal	Repair	Encapsulate
Roof Material		X		Roof Material		< 1000 SF		X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill				
NOVATECH INC		18501				G.R.O.W.S				
City, State				Disposal Date		City, State		Date		
Old Bridge, N.J.				9/20/14		Parrissville PA		8/28/14		
Completed by		Signature		Signature		Signature		Signature		
Carlos Amerigo		President/Owner		Carlos Amerigo		Carlos Amerigo		Carlos Amerigo		



MO 21994283351

Print Form

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

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Date of Notification (1) 8/28/14		Name of Building Owner/Operator (2) Chris Sondey		2014 SEP -3 PM 7:14	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 329 Livingston Avenue City, State, Zip Code New Providence, NJ 07974 Name of Contact Chris Sondey Telephone Number _____-_____-____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 329 Livingston Ave			Square Feet N/A		
City (5) New Providence			# of Floors N/A		Bldg. Age N/A
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC		ASCM No. 01227		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address 2333 Route 22 West		Street Address 11 Rosengren Avenue			
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073		Telephone No. 973-345-8685	
Start Date (10) 9/24/14		Scheduled Completion Date (11) 9/30/14		License No. #00675	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address 11 Rosengren Avenue		
			City, State, Zip Code Totowa, NJ 07512		
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 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)
	Yes	No	N/A		
attic		X		vermiculite	450 SF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	
City, State Totowa, NJ		Disposal Date TBD		Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>	
				Date 8/28/14	