

OK 57545

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

0102-02

Date of Notification (1) <b>9 / 17 / 14</b>		Name of Building Owner/Operator (2) <b>WASHINGTON TWP PUBLIC SCHOOL DISTRICT</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>206 E. HOLLY AVE</b>							
		City, State, Zip Code <b>SEWELL NJ 08080</b>							
		Name of Contact <b>Margaret Meehan</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BELLS ELEMENTARY SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>227 GREENTREE ROAD</b>		Square Feet <b>&gt;50,000</b>	# of Floors <b>1</b>						
City (5) <b>Washington Twp</b>		Bldg. Age <b>50</b>							
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SCHOOL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>HORIZON ENVIRONMENTAL GRP., INC</b>	ASCM No. <b>00073</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>P.O. Box 316</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>							
City, State, Zip Code <b>WEST DEPTFORD, NJ 08086</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>							
Project Manager for Monitoring Firm <b>David Flanagan</b>	Telephone No. <b>856 848 0800</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00793</b>						
Start Date (10) <b>9 / 20 / 14</b>	Scheduled Completion Date (11) <b>9 / 30 / 14</b>	Name of OSHA Monitor							
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: <b>7AM-11PM-AM</b>		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BOILER ROOM</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>CLOTH WRAP</b>	<b>20SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE, NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>DAMIAN LAVALLE</b>	Title <b>PROJECT MGR.</b>	Signature <i>Damian Lavelle</i>				Date <b>9/17/14</b>			



CK 3434

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

2014 SEP 18 AM 12:22

Date of Notification (1) <u>9/14/14</u>		Name of Building Owner/Operator (2) <u>MEU + MACHINES</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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	<u>225 FREMONT AVE. LICENSING</u>	
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>	
		Name of Contact <u>LISA</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)	
Street Address <u>234 76TH ST.</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <u>AVELON</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
County (6) <u>CORE MAY</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>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>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>9/22/14</u>		Scheduled Completion Date (11) <u>9/29/14</u>	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
<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"/> > 3 sf or > 25 ft <sup>2</sup> <input type="checkbox"/> > 160 sf or > 260 ft <sup>2</sup>		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Flexible Procedure	
Location of Asbestos Containing Material (ACM) TO BE ABATED IN Facility (12)	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>SIDING</u>	YES NO N/A	<u>TURN SITE</u>	<u>1500 LF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	RCRA Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>9/12/14</u>



CK 3434


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

Date of Notification (1) <u>9/12/14</u>		Name of Building Owner/Operator (2) <u>MEV + MACHINES</u>		2014 SEP 18 AM 12:21	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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 <u>225 FREMONT AVE</u>	
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>		Name of Contact <u>LISA</u>	
		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <u>248 58TH ST</u>			Square Feet <u>1000</u>		
City (5) <u>AVALON</u>			# of Floors <u>2</u>		
County (6) <u>CAPE MAY</u>			Bldg Age <u>40+</u>		
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08054</u>	
City, State, Zip Code		Telephone No. <u>856-779-0422</u>		License No. <u>00444</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Start Date (10) <u>9/23/14</u>		Scheduled Completion Date (11) <u>10/1/14</u>		Street Address <u>369 S. SPRUCE AVE.</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		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> 3' x 10' x 22' ft <input type="checkbox"/> 2' x 60' x 2760' ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedures	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
<u>SIPING</u>		<input checked="" type="checkbox"/>		<u>TUN SITE</u>	
				<u>2000</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 <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>		City, State <u>WOODBINE, N.J.</u>	
		Signature <u>Joseph Klemm</u>		Date <u>9/12/14</u>	

450-01

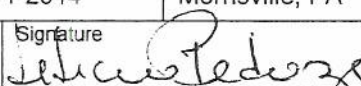
Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 9-11-2014		Name of Building Owner/Operator (2) Carmela Cuccurullo							
Agencies Notified	Type Notification	Street Address 559 Marlin Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Carmela Cuccurullo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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 559 Marlin Avenue		Square Feet 912	# of Floors 1						
City (5) Manasquan, NJ 08736		Bldg. Age 35+							
County (6) Monmouth	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-333-8855	01174						
Start Date (10) 9-12-2014	Scheduled Completion Date (11) 9-12-2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Linoleum	170 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 00348789	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Jersey City, NJ		Disposal Date 9-12-2014		City, State Morrisville, PA					
Completed by Liliana Pedraza		Title Office Manager		Signature 			Date 9-11-2014		




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

Date of Notification (1) 9-11-2014		Name of Building Owner/Operator (2) Bella Cleaning and Carting		2014 SEP 18 PM 11:31					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Prospect Street City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Ben Raabe Telephone Number 2C					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial			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 375 Route 17			Square Feet 2075						
City (5) Paramus, NJ 07652			# of Floors 1		Bldg. Age 65+				
County (6) Bergen		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) Green Environmental Services, LLC					
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855 License No. 01174					
Start Date (10) 9-11-2014		Scheduled Completion Date (11) 9-11-2014		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
First Floor		X		VAT	100 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 00348789		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S. North landfill			
City, State Jersey City, NJ		Disposal Date 9-11-2014		City, State Morrisville, PA					
Completed by Liliana Pedraza		Title Office Manager		Signature 		Date 9-11-2014			

CK 000285

Print Form

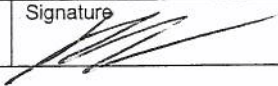
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09-05-14		Name of Building Owner/Operator (2) Dimitri Kichin							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 126 Dorothy Ave							
		City, State, Zip Code Edison NJ 08837							
		Name of Contact Dimitri Kichin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 126 Dorothy Ave		Square Feet	# of Floors						
City (5) Edison NJ		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC							
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 09-08-14	Scheduled Completion Date (11) 09-09-14	Name of OSHA Monitor Delfa Contracting 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 <input checked="" type="checkbox"/> Other - Describe: 08:00 AM - 05:00 PM		Street Address 522 7th Street							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Exterior		X		Siding	1,540 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087		Disposal Date 09-10-14		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager		Signature 			Date 09-05-14		



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

*Check # 10970*

Date of Notification (1) 9-15-14		Name of Building Owner/Operator (2) New Jersey Restaurants, LP							
Agencies Notified	Type Notification	Street Address 14 Balligomingo Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact Alex DeSimone	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Taco Bell		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 1521 Blackwood Clementon Road		Square Feet 2,000	# of Floors 1						
City (5) Blackwood		Bldg. Age 50							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) restaurant							
Name of Monitoring Firm Hired by Building Owner (8) Batta Environmental		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc.						
Street Address 6 Garfield Way		Street Address 923 Haws Avenue							
City, State, Zip Code Newark, DE 19713		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Neeraj K. Batta		Telephone No. 302-737-3376	Telephone No. 610-239-9920						
License No. 00398									
Start Date (10) 9/30/14	Scheduled Completion Date (11) 10/03/14	Name of OSHA Monitor EHS Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 411 Southgate Court							
		City, State, Zip Code Mickleton, NJ 08056							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	X			roofing	900SF	X			
Name of Registered Waste Hauler Robinson Waste Disposal Service		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 10	Name of Registered Landfill TRRF					
City, State Voorhees, NJ 08043		Disposal Date 10/03/14		City, State Tullytown, PA					
Completed by James M. Kelly		Title Vice President		Signature 				Date 9/15/14	

Check#1995

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

Date of Notification (1) 09 / 15 / 14		Name of Building Owner/Operator (2) Arathi Ravi	
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 330 Plainfield Avenue City, State, Zip Code Berkeley Heights, NJ 07922	
		Name of Contact Arathi Ravi	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home Street Address 330 Plainfield Avenue City (5) Berkeley Heights, NJ 07922 County (6)		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.)
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 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 / 24 / 14	Scheduled Completion Date (11) 09 / 25 / 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. # 34A 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	30 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 09/15/2014	



220K 1090

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

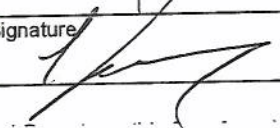
Date of Notification (1) 9/15/14		Name of Building Owner/Operator (2) NBJ ASSOCIATES	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1481-OAK TREE ROAD	
		City, State, Zip Code ISELING, NJ 08830	
		Name of Contact BILL SITAR	

2014 SEP 18 PM 11:12

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GARAGE		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 1329-ROOSEVELT AVE.		Square Feet 4000	# of Floors 1
City (5) WEST CARTERET, NJ 07008		Bldg. Age	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) GARAGE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.	
Street Address		Street Address 339-LAFAYETTE STREET	
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105	
Project Manager for Monitoring Firm		Telephone No. 973-491-0877	License No. #01240
Start Date (10) 9/24/14	Scheduled Completion Date (11) 9/29/14	Name of OSHA Monitor J&S ENVIRONMENT CORP.	
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 2333 ROUTE 22 WEST	
		City, State, Zip Code UNION, NJ 07083	

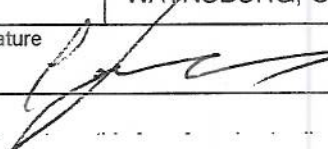
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 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
WINDOW			X	WINDOW CAULK	55	X			
ROOF PARAPET			X	ROOF/FLASH	1600	X			

Name of Registered Waste Hauler TRI STATE TRANSFER ASS.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISES
City, State		Disposal Date	City, State WAYNSBURG, OHIO 44688	
Completed by CARLOS GOMES	Title PRESIDENT	Signature 	Date 9/15/14	

1 Lek 10 89

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

Date of Notification (1) 9/15/14		Name of Building Owner/Operator (2) SGS NORTH AMERICA INC.							
Agencies 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201- ROUTE 17 NORTH 7TH FL							
		City, State, Zip Code RUTHERFORD NJ 07070							
		Name of Contact VICTORINO ELIJIO							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 20-LAFAYETTE STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20-LAFAYETTE STREET		Square Feet 9000	# of Floors 1						
City (5) CARTERET, NJ		Bldg. Age _____							
County (6) MIDDLESEX		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) DINAGO ENVIRONMENT LLC.						
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-491-0877						
		License No. #01240							
Start Date (10) 10/1/14	Scheduled Completion Date (11) 11/1/14	Name of OSHA Monitor J&S ENVIRONMENT 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 <input type="checkbox"/> Other - Describe: _____		Street Address 2333-ROUTE 22 WEST							
		City, State, Zip Code UNION, NJ 07083							
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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CENTER ROOF/FLASH			X	ROOF/FLASHING	9700SF	X			
NORTH WEST FIRST FLOOR			X	PIPE INSULATION	420LF	X			
NORTH AND SOUTH SIDE			X	FLOOR TILE/MASTIC	3800SF	X			
WEST, NORTH, EAST			X	WINDOW/DOOR	1385LF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER ASS.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA ENTERPRISES					
City, State NEWARK, NJ			Disposal Date _____	City, State WAYNSBURG, OHIO 44688					
Completed by CARLOS GOMES		Title PRESIDENT	Signature 	Date 9/15/14					



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

Check # 7503 and 7605

Date of Notification (1) <b>9/15/14</b>		Name of Building Owner/Operator (2) <b>Hudson County</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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification #7 <input type="checkbox"/> Cancellation	Street Address <b>595 Newark Ave.</b>	
		City, State, Zip Code <b>Jersey City, NJ 07306</b>	
		Name of Contact <b>Kim Riscart</b>	Telephone Number

2014 SEP 18 PM 11:43  
 ASBESTOS CONTROL & LICENSING

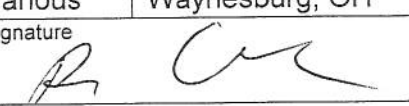
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Hudson County Admin. Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>595 Newark Avenue</b>			Square Feet <b>250000</b>	# of Floors <b>13</b>	Bldg. Age <b>~ 50</b>
City (5) <b>Jersey City</b>	County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office building</b>		
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>2/25/13</b>	Sched. Completion Date (11) <b>12/31/14*</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings and/or weekends</u> <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22 W</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	
Various – courtrooms, offices		X		Plaster/spray-on ceiling*	8000 SF	X				
Various – courtrooms, offices		x		Floor tile*	15000 SF	x				
Various – courtrooms, offices		x		TSI	1000 LF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>80</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>TBD/Various</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>9/15/14</b>

ASB-41

\*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.

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

Check # 7602

Date of Notification (1) <b>9/15/14</b>		Name of Building Owner/Operator (2) <b>Montclair State 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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>One Normal Avenue</b>	
	City, State, Zip Code <b>Upper Montclair, NJ 07043</b>		
	Name of Contact <b>Amy Ferdinand</b>	Telephone Number	

**2014 SEP 18 PM 11:43**  
**RECEIVED**  
**ENVIRONMENTAL CONTROL & LICENSING**

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Panzer Gym, Montclair State University</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1 Normal Avenue</b>			Square Feet <b>60000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 70</b>
City (5) <b>Upper Montclair</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
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>Cranford, 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>9/25/14</b>	Sched. Completion Date (11) <b>10/3/14</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe:			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini – Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non – Friable Procedure		
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation		

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
Room 118		X		VAT	700 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>2</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>10/3/14</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>9/15/14</b>



CK 2701

# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

CL 2701

Date of Notification (1) <b>9/11/2014</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified	Type Notification	Street Address <b>216 LEXINGTON AVE</b>							
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>LAKEWOOD NJ</b>							
		Name of Contact <b>Alex Baylor</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>LAKEWOOD CENTRAL OFFICE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>216 LEXINGTON AVE</b>		Square Feet <b>20000</b>	# of Floors <b>3</b>						
City (5) <b>LAKEWOOD</b>	County (6) <b>OCEAN</b>	Bldg. Age							
		Current Use (Prior if being demolished) <b>Verizon communication center</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>9/25/2014</b>	Scheduled Completion Date (11) <b>10/1/2014</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 type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5PM-1:30AM</b> <input checked="" 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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cementitious ceiling material	485 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	78 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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>10/2/2014</b>	City, State <b>WAYNESBURG, OH 44688</b>						
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick De Caro</i>						
			Date <b>9/11/14</b>						



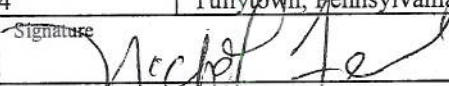
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>September 15, 2014</b>		Name of Building Owner/Operator (2) <b>Gerard Tasetano</b>	
Agencies Notified	Type of Notification	Street Address <b>1024 Edgebrook Drive</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Toms River, NJ 08757</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact <b>Gerard Tasetano</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>1866 Windward Court</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Toms River</b>			County (5) <b>Ocean</b>		
Square feet <b>1000 sf</b>			# of Floors <b>1</b>		Bldg. Age <b>60</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>9/16/14</b>		Scheduled Completion Date (11) <b>9/18/14</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 <input type="checkbox"/> Other -- Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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	1000 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>9/19/14</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>9/15/14</b>

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



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

Date of Notification (1) September 15, 2014		Name of Building Owner/Operator (2) GMP Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 3190	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Point Pleasant, NJ 08742	
<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	Vincent	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
209 Mallard Lane			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (5)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Toms River Twp.	Ocean		1000 sf	1	60
			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		License Number
			732-349-9932		00624
Scheduled Start Date (10) 9/16/14		Scheduled Completion Date (11) 9/18/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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			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	800 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/19/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 9/15/2014		

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

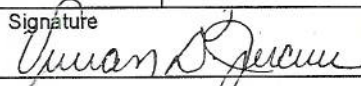
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/22/2014		Name of Building Owner/Operator (2) Casino Reinvestment Development Authority							
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 15 South Pennsylvania Avenue		City, State, Zip Code Atlantic City, NJ 08401							
Name of Contact Rachelle Knight		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 19 South Ohio Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Atlantic City, NJ 08401		Square Feet 7500sf	# of Floors 3						
County (6) Atlantic County		County Code (7) (STATE USE ONLY)	Bldg. Age 20yrs						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 318 12th Street		Street Address 815 12th Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 01172						
Start Date (10) 8/27/2014	Scheduled Completion Date (11) 9/10/2014		Name of OSHA Monitor Health & Safety Services						
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 318 12th Street							
		City, State, Zip Code Hammonton, NJ 08037							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st, 2nd, and 3rd Floors			X	Sheetrock joint compound	35,000sf	X			
1st, 2nd and 3rd Floors			X	Floor tile & Mastic	5,400sf	X			
roof			X	Flashing	140sf	X			
Name of Registered Waste Hauler Site Enterprises, Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 80cy	Name of Registered Landfill ACUA					
City, State 815 12th Street, Hammonton NJ 08037			Disposal Date 9/9/2014	City, State EHT, NJ					
Completed by Thomas Rock		Title PM	Signature Thomas Rock			Date 8/22/2014			



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

CH# 8212

Date of Notification (1) 9/12/2014		Name of Building Owner/Operator (2) Honeywell						
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 101 Columbia Road  City, State, Zip Code Morristown, New Jersey 07962  Name of Contact Dan Harris  Telephone Number _____					
	FACILITY INFORMATION							
	Name of Facility Where Abatement is Taking Place (3) Honeywell SA6 Site Remediation  Street Address 80 Kellogg Street  City (5) Jersey City  County (6) Hudson		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.)  Square Feet  # of Floors  Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT PROPERTY BLDG.						
Name of Monitoring Firm Hired by Building Owner (8) Emilcott		ASCM No.  	Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 190 Park Avenue		Street Address 164 Getty Ave.						
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Clifton, New Jersey 07011-1802						
Project Manager for Monitoring Firm Dave Tomsey		Telephone No. 973-538-1110	Telephone No. 973-478-4848  License No. 00724					
Start Date (10) 9/23/2014	Scheduled Completion Date (11) 9/30/2014		Name of OSHA Monitor Slavco Construction 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: Monday-Friday 7:00am-3:30pm		Street Address 164 Getty Ave.  City, State, Zip Code Clifton, New Jersey 07011-1802						
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)  	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
	Concrete slab outside building				x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic		Title Office Manager		Signature 		Date 9/12/2012		



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

CH # 8210

Date of Notification (1) <b>September 12th, 2014</b>		Name of Building Owner/Operator (2) <b>Bloomberg LP</b>							
Agencies Notified	Type Notification	Street Address <b>431 Ridge Road</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code <b>Dayton, New Jersey 08810</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Jermain Lewis</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Bloomberg LP</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>431 Ridge Road</b>		Square Feet	# of Floors <b>50+</b>						
City (5) <b>Dayton</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished) <b>Commerical Bldg. Outside Trench</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>WCD</b>		Name of Abatement Contractor (9) <b>Slavco Construction Inc.</b>							
Street Address <b>1350 Broadway, Suite1904</b>		Street Address <b>164 Getty Ave.</b>							
City, State, Zip Code <b>New York, NY</b>		City, State, Zip Code <b>Clifton, New Jersey 07011-1802</b>							
Project Manager for Monitoring Firm <b>Michael Garamabone</b>		Telephone No. <b>212-</b>	License No. <b>00724</b>						
Start Date (10) <b>September 22, 2014</b>	Scheduled Completion Date (11) <b>October 31, 2014</b>	Name of OSHA Monitor <b>Slavco Construction 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 <input checked="" type="checkbox"/> Other - Describe: <u>Monday-Friday 7:00am-3:30pm</u>		Street Address <b>164 Getty Ave.</b>							
		City, State, Zip Code <b>Clifton, New Jersey 07011-1802</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside Trench			X	Transite Pipe	25LF	X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler <b>Slavco Construction Inc.</b>		NJDEP Waste Hauler ID No. <b>18508</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>G.R.O.W.S Landfill</b>					
City, State <b>Clifton, New Jersey 07011-1802</b>			Disposal Date <b>TBD</b>	City, State <b>Morrisville, Pa</b>					
Completed by <b>Vivian D. Jurcevic</b>		Title <b>Office Manager</b>	Signature <i>Vivian D. Jurcevic</i>			Date <b>September 12, 2014</b>			



CK # 24636

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

2014 SEP 18 11:12

Date of Notification (1) <u>9/16/14</u>		Name of Building Owner/Operator (2) <u>Silva</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>267 Seaman Street</u> City, State, Zip Code <u>New Brunswick, NJ 08901</u>	
		Name of Contact <u>Sylvester Silva</u>	Telephone Number <u>(7</u>

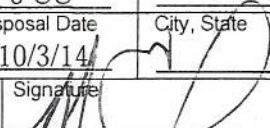
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>267 Seaman Street</u>			
City (5) <u>New Brunswick, NJ</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
		Bldg. Age <u>70+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>9/25/14</u>	Scheduled Completion Date (11) <u>10/3/14</u>	Name of OSHA Monitor <u>MECS</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 checked="" type="checkbox"/> Other - Describe: <u>8am to 4:pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)


<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>210 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/3/14</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/16/14</u>		

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

1195

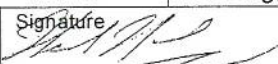
Date of Notification (1) <b>September 16, 2014</b>		Name of Building Owner/Operator (2) <b>Bridgewater Site</b>							
Agencies Notified	Type Notification	Street Address <b>10 FINDERNE AVENUE</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Bridgewater, NJ 08807</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>Project Manager</b>	Telephone Number <b>85</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Buildings</b>		Type of Facility (4)							
Street Address <b>10 FINDERNE AVENUE</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Bridgewater, NJ 08807</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>business</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>4/5/14</b>	Scheduled Completion Date (11) <b>4/5/15</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 7 Rms 7113-7119		<input checked="" type="checkbox"/>		metal pan ceiling	1,200 s/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		1x2 transite wall panels	240 l/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		pipe insulation	120 l/f	<input checked="" type="checkbox"/>			
Bldg 2		<input checked="" type="checkbox"/>		2 transite wall panels	48 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>16.1</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>4/5/15</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>9/16/14</b>			



[illegible]

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

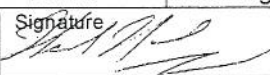
1184

Date of Notification (1) <b>July 23, 2014</b>		Name of Building Owner/Operator (2) <b>Bridgewater Site</b>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 FINDERNE AVENUE</b>							
		City, State, Zip Code <b>BRIDGEWATER, NJ 08807</b>							
		Name of Contact <b>Project Manager</b>							
		Telephone Number <b>856-307-1101</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Buildings</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>10 FINDERNE AVENUE</b>		Square Feet	# of Floors						
City (5) <b>BRIDGEWATER, NJ 08807</b>		Bldg. Age							
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>business</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 DOOLITTLE DRIVE</b>		Street Address <b>1500 KINGS HWY N, STE 209</b>							
City, State, Zip Code <b>BRIDGEWATER, NJ 08807</b>		City, State, Zip Code <b>CHERRY HILL, NJ 08034</b>							
Project Manager for Monitoring Firm <b>ERIC HOUSEKNECHT</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>4/5/14</b>	Scheduled Completion Date (11) <b>4/5/15</b>	Name of OSHA Monitor <b>The MACK Group, 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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 KINGS HWY N, STE 209</b>							
		City, State, Zip Code <b>CHERRY HILL, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
Bld 7 Rms 7113-7119		<input checked="" type="checkbox"/>		metal pan ceiling	1,200 s/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		1x2 transite wall panels	240 l/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		pipe insulation	120 l/f	<input checked="" type="checkbox"/>			
Bldg 2		<input checked="" type="checkbox"/>		2 transite wall panels	48 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>16.1</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>4/5/15</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>7/23/14</b>			



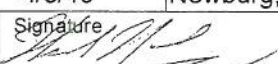
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**1095**

Date of Notification (1) <b>March 24, 2014</b>		Name of Building Owner/Operator (2) <b>Bridgewater Site</b>							
Agencies Notified	Type Notification	Street Address <b>10 Finderne Avenue</b>							
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <b>Bridgewater, NJ 08807</b>							
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact <b>Project Manager</b>							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #1	Telephone Number <b>201 271-1101</b>							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Buildings</b>		Type of Facility (4)							
Street Address <b>10 Finderne Avenue</b>		<input type="checkbox"/> School (K-12)							
City (5) <b>Bridgewater, NJ 08807</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) <b>SOMERSET</b>		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)		Square Feet	# of Floors						
			Bldg. Age						
Current Use (Prior if being demolished) <b>business</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>							
ASCN No. <b>0021</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
Street Address <b>907 Doolittle Drive</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>									
Start Date (10) <b>4/5/14</b>	Scheduled Completion Date (11) <b>4/5/15</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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 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
Bld 7 Rms 7113-7119		<input checked="" type="checkbox"/>		metal pan ceiling	1,200 s/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		1x2 transite wall panels	240 l/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		pipe insulation	120 l/f	<input checked="" type="checkbox"/>			
Bldg 2		<input checked="" type="checkbox"/>		2 transite wall panels	48 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic Disposal</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>16.1</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>4/5/15</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>3/24/14</b>			

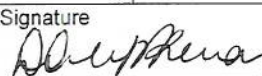
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

1093

Date of Notification (1) <b>March 24, 2014</b>		Name of Building Owner/Operator (2) <b>Bridgewater Site</b>							
Agencies Notified	Type Notification	Street Address <b>10 Finderne Avenue</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code <b>Bridgewater, NJ 08807</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building 7</b>		Type of Facility (4)							
Street Address <b>10 Finderne Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Bridgewater, NJ 08807</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>business</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>4/5/14</b>		Scheduled Completion Date (11) <b>4/5/15</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Bld 7 Rms 7113-7119		<input checked="" type="checkbox"/>		metal pan ceiling	1,200 s/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		1x2 transite wall panels	240 l/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		pipe insulation	120 l/f				
Name of Registered Waste Hauler <b>Newark Carting / Freehold / Rovic Disposal</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15.6</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark / Freehold / Riverdale, NJ</b>		Disposal Date <b>4/5/15</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 		Date <b>3/24/14</b>			



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

Date of Notification (1) <b>09 / 12 / 14</b>		Name of Building Owner/Operator (2) <b>Merck Sharp and Dohme Corporation</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>001</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>2000 Galloping Hill Road</b>						
			City, State, Zip Code <b>Kenilworth, NJ 07033</b>						
			Name of Contact <b>Mike Latronica</b>						
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building 5</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>2000 Galloping Hill Road</b>									
City (5) <b>Kenilworth</b>		Square Feet <b>115000</b>	# of Floors <b>4</b>						
		Bldg. Age <b>46</b>							
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Atlantic Environmental, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>						
Street Address <b>2 E. Blackwell Street</b>		Street Address <b>8436 Enterprise Avenue</b>							
City, State, Zip Code <b>Dover, NJ 07801</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Project Manager for Monitoring Firm <b>Ray Pirnat</b>		Telephone No. <b>973-366-4660</b>	Telephone No. <b>215-365-5810</b>						
		License No. <b>1156</b>							
Start Date (10) <b>08 / 13 / 14</b>		Scheduled Completion Date (11) <b>10 / 13 / 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: <b>7:00 AM-3:30 PM</b> / ____ PM- ____ AM		Name of OSHA Monitor <b>USA Environmental Management, Inc</b>							
		Street Address <b>8436 Enterprise Avenue</b>							
		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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>Lower Level Rooms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>4700 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lower Level</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Fittings</b>	<b>50 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage Inc.</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Lycoming County RMS</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>10/13/2014</b>		City, State <b>Montgomery, PA</b>					
Completed By (Print or Type) <b>Dilip Kumar</b>		Title <b>Program Manager</b>		Signature 			Date <b>9-12-14</b>		

## NOTIFICATION OF ASBESTOS ABATEMENT

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

NO CK

Date of Notification (1) September 15, 2014		Name of Building Owner/Operator (2) Wood Ridge Industrial	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1 Passaic Street		City, State, Zip Code Wood Ridge, NJ 07075	
Name of Contact Abe		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse			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 1 Passaic Street			Square feet 500,000 sf		
City Wood Ridge			# of Floors 1		
County (6) Bergen			Bldg. Age 70		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Warehouse		
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 Toms River, New Jersey 08755-1271	
City, State, Zip Code		Telephone Number 732-349-9932		License Number 00624	
Project Manager for Monitoring Firm		Telephone Number		Name of OSHA Monitor E.M.S.L. Analytical	
Scheduled Start Date (10) 9/15/14		Scheduled Completion Date (11) 9/16/14		Street Address 1056 Stelton Road	
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 Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Encapsulation <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			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 pipe insulation	35 lf	X			
Exterior			X	Asbestos containing tar	8 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 9/17/14	City, State Tulhatchtown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/15/2014

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