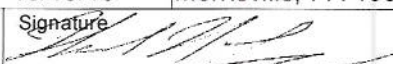


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

1196

Date of Notification (1) September 29, 2014		Name of Building Owner/Operator (2) Epic Management (GC)		RECEIVED				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 136 11th Street City, State, Zip Code Piscataway, NJ 08854 Name of Contact Project Manager		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Skillman N&S Buildings			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 199 Grandview Rd.			Square Feet	# of Floors	Bldg. Age			
City (5) Skillman, NJ			Current Use (Prior if being demolished) Somerset					
County (6) Somerset		County Code (7) <i>(STATE USE ONLY)</i> _____						
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.					
Street Address 655 West Shore Trail		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Project Manager		Telephone No. 973-729-5649	Telephone No. (973) 759 - 5000	License No. 00781				
Start Date (10) 10/10/14		Scheduled Completion Date (11) 10/10/15		Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209					
			City, State, Zip Code Cherry Hill, NJ 08034					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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
New SC/POP Lab Ground Floor		<input checked="" type="checkbox"/>	fume hood transite	228 s/f	<input checked="" type="checkbox"/>			
-"		<input checked="" type="checkbox"/>	VAT & Mastic	8,764 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 89.9	Name of Registered Landfill GROWS N Landfill				
City, State Freehold, NJ		Disposal Date 10/10/15		City, State Morrisville, PA 19067				
Completed by Michael Cooper		Title President	Signature 		Date 9/29/14			

CK 23816

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

RECEIVED

2014 SEP 30 PM 7:00
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>09</u> / <u>29</u> / <u>14</u>		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Locust Road	
		City, State, Zip Code Villas, New Jersey 08251	
		Name of Contact Matt Johnson	Telephone Number 215-640-4189

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 51 Locust Road		Square Feet 10,000	# of Floors 1
City (5) Villas		Bldg. Age 75	
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc	
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Street Address 10 Exchange Place	Street Address 47 Foster Road
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City, State, Zip Code Jersey City, NJ 07392	City, State, Zip Code Staten Island
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Project Manager for Monitoring Firm Matt Johnson	Telephone No. 215-640-4189	Telephone No. 718-605-6256	License No. 00774
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Start Date (10) <u>10</u> / <u>08</u> / <u>14</u>	Scheduled Completion Date (11) <u>11</u> / <u>31</u> / <u>14</u>	Name of OSHA Monitor Testor Tech	
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:00PM / _____ PM - _____ AM	Street Address 10 59 Jackson Avenue
	City, State, Zip Code LIC, NY 11101

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar on Bricks	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 30	Name of Registered Landfill Minerva
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City, State Newark, New Jersey	Disposal Date 10/30/14	City, State Waynesburg, OH
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Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 09-29-14
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* Do not use this form for asbestos licensure exempted activities.