

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

RECEIVED
 Check 15/97
 JUN 9 2016

Date of Notification (1) 6/7/16		Name of Building Owner/Operator (2) Mr. John Lee	
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 [REDACTED]	
		City, State, Zip Code Hackensack, NJ 07072	
		Name of Contact Sangmok Kim	Telephone Number

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) [REDACTED]			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 [REDACTED]			Square Feet 2800	# of Floors 2	Bldg. Age 69
City (5) Hackensack		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) ABS Environmental Services, LLC		
Street Address		Street Address PO Box 483, 4 E Gate Drive			
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703	

Start Date (10) 6/17/16	Scheduled Completion Date (11) 7/31/16	Name of OSHA Monitor			
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>roof</u>		Street Address			
		City, State, Zip Code			

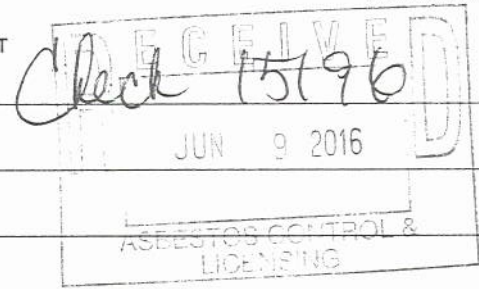
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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			x	flashing	275 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 6/7/16

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



Date of Notification (1) 6/7/16		Name of Building Owner/Operator (2) Mr. & Mrs. Blagman	
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 [REDACTED]	
		City, State, Zip Code Leonia, NJ 07605	
		Name of Contact Pat Blagman	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 2200	# of Floors 2	Bldg. Age 66
City (5) Leonia	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) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 6/20/16	Scheduled Completion Date (11) 7/20/16	Name of OSHA Monitor		
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>basement</u>		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
basement			x	pipe insulation	60 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 6/7/16

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

check 15/95
 JUN 9 2016
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6-6-16		Name of Building Owner/Operator (2) Mr. Jan Kwapinewski	
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 [REDACTED]	
		City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Jan Kwapinewski	Telephone Number

Name of Facility Where Abatement is Taking Place (3) funeral home			Type of Facility (4)		
Street Address 336 Cleveland Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Harrison		Square Feet 3200	# of Floors 2	Bldg. Age 73	
County (6) Hudson		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) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 6/15/16	Scheduled Completion Date (11) 8/10/16		Name of OSHA Monitor	

Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input 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
basement			x	plaster ceiling	150 SF	x			
basement			x	pipe insulation	20 LF	x			
exterior			x	flat roofs (east,west,north)	1300 SF	x			
exterior			x	siding	60 SF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date

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

Handwritten: 01615193
 JUN 9 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/3/16		Name of Building Owner/Operator (2) The Pingry School	
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 50 Country Day Drive	
		City, State, Zip Code Short Hills, NJ 07078	
		Name of Contact Michael Waelz	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Classrooms 128-132		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 131 Martinsville Road		Square Feet 3500	# of Floors 2
City (5) Basking Ridge		Bldg. Age 65	
County (6) Somerset	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) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703

Start Date (10) 6/18/16	Scheduled Completion Date (11) 7/18/16	Name of OSHA Monitor	
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>performing on Saturday</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

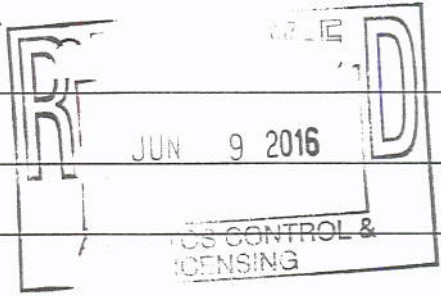
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Classrooms 128-130			x	fume hood	120 SF	x			
Classrooms 132-130			x	fume hood	60 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold NJ	Disposal Date TBD	City, State Birdsboro, PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 6/3/16

CK 1651

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



Date of Notification (1) 05/14/2016		Name of Building Owner/Operator (2) DEBRA BELL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code RICHLAND NJ 08350	
		Name of Contact ED TORRES	Telephone Number

FACILITY INFORMATION

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 [REDACTED]			
City (5) RICHLAND	Square Feet 748	# of Floors 1	Bldg. Age 71
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	

Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN		
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062		
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145

Start Date (10) 05/26/2016	Scheduled Completion Date (11) 05/27/2016	Name of OSHA Monitor EMSL		
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: RESIDENTIAL-BASEMENT VACANT		Street Address 200 RT. 130 NORTH		
		City, State, Zip Code CINNAMINSON NJ 08077		

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"/> 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 type="checkbox"/> Non-Exempted (*) and Non-Facility

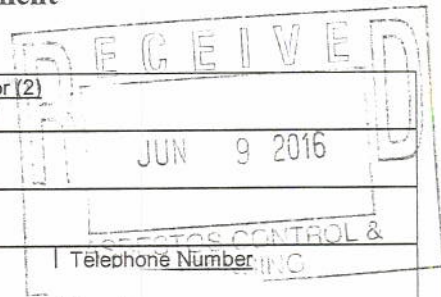
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	BOILER INSULATION	12 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 05/28/2016	City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Russell Swanson</i>	Date 05/14/2016	

Check # 12215

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

GAC Project # 548-16



Date of Notification (1) June 3, 2016		Name of Building Owner/Operator (2) CELGENE CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - new materials, locations and quantities <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 86 MORRIS AVENUE
			City, State, Zip Code SUMMIT, NJ 07901
		Name of Contact MR. RAY SANTILLAN - Environmental Health & Safety	Telephone Number 908-765-1100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - "B" BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 26,512 # of Floors: 2 Bldg. Age: ~70+ years	
Street Address 86 MORRIS AVENUE		Current Use (prior if being demolished): ADMINISTRATIVE OFFICES	
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	

Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC	ASCM No. 00118	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 464 VALLEY BROOK AVENUE #3A		Street Address 268 MAIN STREET

City, State, Zip Code LYNDHURST, NJ 07071		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN CHIAVELLO	Telephone Number 201-438-4839	Telephone Number 973-492-0477	License Number 00840

Scheduled Start Date (10) 04/22/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor ENVIROVISION, INC.
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement Area Vacated (NOT SUB 8 - PHASE I FRI 4/22 - MON 4/25, Additional phases to be determined - M - F 7am - 4 pm (24 hrs & weekends as needed)	Street Address 20-21 WARGARAW ROAD
	City, State, Zip Code FAIRLAWN, NJ 07410

Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Tent) <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint. /Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Various Locations	<input checked="" type="checkbox"/>	VAT & Mastic (includes cove base)	300 SF	<input checked="" type="checkbox"/>
Various Locations	<input checked="" type="checkbox"/>	TSI	100 LF	<input checked="" type="checkbox"/>
Various Locations	<input checked="" type="checkbox"/>	CAULKING (door, window, expansion, etc.)	50 LF	<input checked="" type="checkbox"/>
Various Locations	<input checked="" type="checkbox"/>	PLASTER (ext. soffits, ceilings, walls, etc.)	300 SF	<input checked="" type="checkbox"/>
Various Locations	<input checked="" type="checkbox"/>	CONDUIT	40 LF	<input checked="" type="checkbox"/>

Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
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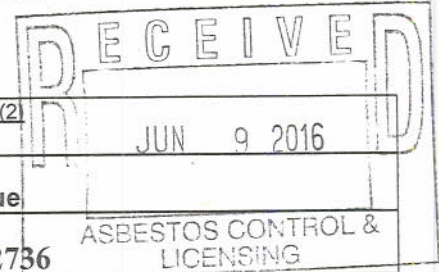
Notes: None	Disposal Date 12/31/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
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Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 3, 2016
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State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

OK 12/14



Date of Notification (1) June 6, 2016		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type Initial Notification x Amendment # 1		Street Address 223 North Van Dien Avenue
	Emergency (including justification)		City, State, Zip Code Ridgewood, NJ 07450-2736
		Name of Contact William Stasiak	Telephone Number ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Bergen Wing, Bsmt-Mechanical Room			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 223 North Van Dien Avenue			Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	Current Use (prior if being demolished): Hospital	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 28 Washington Street			Street Address 268 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020			City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades	Telephone Number 347.435.3561	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) June 4, 2016	Scheduled Completion Date (11) June 7, 2016		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:			Street Address 1056 Stelton Road	
			City, State, Zip Code Piscataway, NJ 08854	

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose			
Mechanical Room	<input checked="" type="checkbox"/>	Pipe & Fittings	9 ea.	<input checked="" type="checkbox"/>			
		Fittings	7 ea.	<input checked="" type="checkbox"/>			

Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 3	Name of Registered Landfill Meadowfill Landfill		
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date June 7, 2016	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784		
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551					
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure		Date June 6, 2016	

GAC # 2016-566- Amendment # 1 - Additional acm fittings - 7 each

CK 2389

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

RECEIVED
 JUN 9 2016
 ASBESTOS CONTROL &
 Telephone Number: 319

Date of Notification (1) 6/1/16

Name of Building Owner/Operator (2) Joe Musumeci

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

Street Address: [Redacted]

City, State, Zip Code: Beach Haven West, NJ 08008

Name of Contact: Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) _____

Street Address: [Redacted]

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

City (5): Beach Haven West

County (6): Ocean

Square Feet: 616, # of Floors: 1, Bldg. Age: 46

County Code (7) (STATE USE ONLY): _____

Current Use (Prior if being demolished): Home

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9): Brick Industries Inc.

Street Address: P.O. Box 915

City, State, Zip Code: Brick, New Jersey 08723

Project Manager for Monitoring Firm _____

Telephone No.: (732)899-7499

License No.: 01196

Start Date (10): 6/10/16

Scheduled Completion Date (11): 6/20/16

Name of OSHA Monitor _____

Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf, ≥ 160 sf or ≥ 260 lf

Renovation, Demolition

Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-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>Asbestos siding</u>	<u>900 SF</u>	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler: Brick Industries Inc.

NJDEP Waste Hauler ID No.: 21602

Cubic Yards of Waste: 4

Name of Registered Landfill: GROWS Inc.

City, State: Brick, New Jersey

Disposal Date: 6/2/16

City, State: PA

Completed by: Eric Plackis

Title: President

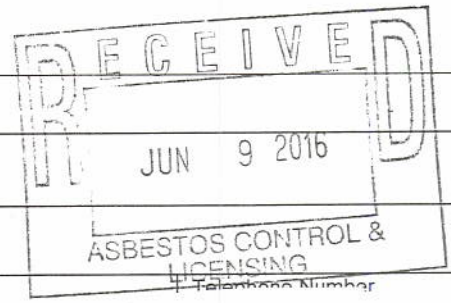
Signature: [Signature]

Date: 6/1/16

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

CK 008891

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



Date of Notification (1) 05/23/2016		Name of Building Owner/Operator (2) Atlantic Electric	
Agencies Notified x EPA X DEP X DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 5100 Harding Highway	
		City, State, Zip Co Mays Landing, NJ 08330	
		Name of Contact Bryon Brainard	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 4 Avalon Blvd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) x Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Swaintown	Square Feet 100	# of Floors 1	Bldg. Age 60 years
County (6) Cape may	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) Electrical Sub-Station	

Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental	
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.		
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720		
Project Manager for Monitoring Firm Wesley Morrison	Telephone No. (302) 326-2333	Telephone Number (302) 322-8946	License Number 00578	
Scheduled Start Date (10) 06/07/2016	Scheduled Completion Date 06/07/2016	Name of OSHA Monitor County Environmental		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:		Street Address 461 New Churchmans Road		
		City, State, Zip Code New Castle, DE 19720		

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

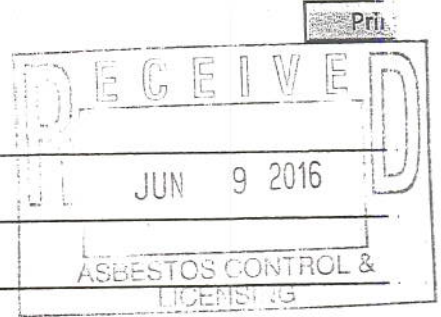
Glovebag Procedure

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	Encapsulate Repair	Enclosure
Exterior walls & roof panels	x			Asbestos cement panels (transite)	532 SF	x		
Exterior walls & roof panels	x			Asbestos building caulk	130 LF	x		

Name of Reg. Waste Hauler Miller Environmental Group		NJDEP Waste Hauler ID No. 1A-041	Cubic Yards of Waste 40	Name of Reg. Landfill ACUA Landfill	
City, State 105 Riverview Ave Paulsboro, NJ 08066		Disposal Date TBA	City, State 6700 Delilah Rd. Egg Harbor Township, NJ 08234		
Completed by Ben Hodgdon	Title PM	Signature 		Date 05/23/16	

CK 60082

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



Date of Notification (1) 6/6/2016		Name of Building Owner/Operator (2) County of Essex	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Bloomfield Avenue	
		City, State, Zip Code Verona, NJ	
		Name of Contact Mr. Sanjeev Vargheese	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)	
Street Address [REDACTED]		Square Feet 1500	# of Floors 2
City (5) Newark,		Bldg. Age 80	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.	
Street Address 2333 Route 22 West		Street Address 1360 Clifton Avenue, PMB Suite 218		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Rick Estaquel		Telephone No. 908-206-0073	Telephone No. 973-389-0089	License No. 00693
Start Date (10) 6/17/2016	Scheduled Completion Date (11) 6/18/2016		Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

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

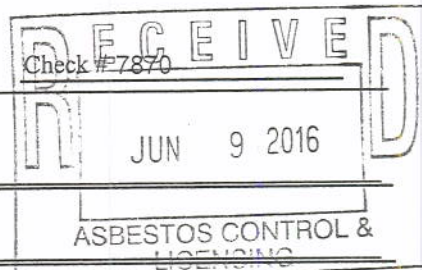
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			X	Pipe Insulation	9 LF	X		
Basement			X	Debris on Floor	130 SF	X		
			X					

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 6/18/2016	City, State Waynesburg, OH 44688		
Completed by Krutarth Jagad		Title Project Manager	Signature 	Date 6/16/2016	

* Do not use this form for asbestos licensure exempted activi

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

B & G proj. #: 2016-96



Date of Notification (1) <u>06/10/17/16</u>		Name of Building Owner/Operator (2) Clinton Township Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address P.O. Box 6	
		City, State, Zip Code Annandale, NJ 08801	
		Name of Contact Anthony Juskiewicz	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Spruce Run School (Non-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 27 Belvidere Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Clinton, NJ 08809	County (6) Hunterdon	County Code (7) (State use only)	Current Use (Prior if being demolished) school NON-Sub 8		

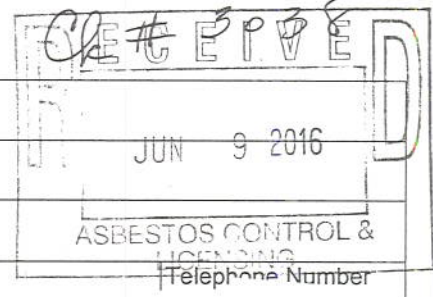
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 401 St. James Avenue		Street Address 105 Ryerson Road			
City, State, Zip Code Phillipsburg, New Jersey 08865		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jon Gilbert	Phone Number 908-454-6316	Telephone Number (973)696-6869	License Number 00378		
Scheduled Start Date (10) 06/20/2016	Sched. Completion Date (11) 06/25/2016	Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

- Scope of Work (check all that apply)
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 110 & 111			x	VAT, Mastic, & carpet	750 sf & 750 sf	x			
Room 101 & 102			x	VAT, Mastic, & carpet	750 sf & 730 sf	x			
Room 106 & 107			x	VAT, Mastic, & carpet	750 sf & 750 sf	x			
Room 108 & 109			x	VAT, Mastic, & carpet	730 sf & 750 sf	x			
Room 112			x	VAT, Mastic, & carpet	750 sf	x			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 85	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ	Disposal Date 06/27/2016	City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 06/07/2016	

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



Date of Notification (1) 6/7/16		Name of Building Owner / Operator (2) Colts Neck Township Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 70 Conover Road		City, State & Zip Code Colts Neck, NJ 07722
Name of Contact Thomas Giglio		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Conover Road ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 76 Conover Road			Square Feet	# of Floors	Bldg. Age
City (5) Colts Neck	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) School		

Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street			
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rick Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040	License Number 00509	

Scheduled Start Date (10) 6/28/16	Scheduled Completion Date (11) 6/30/16	Name of OSHA Monitor Bristol Environmental Inc.			
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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 Hours – Describe: 7 AM to 3 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street			
		City, State & Zip Code Bristol, PA 19007			

Scope of Work (Check all that apply)

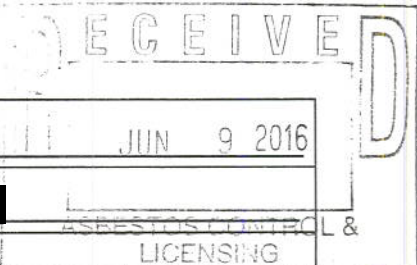
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Restroom Pipe Chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting (Wrap & Cut)	20 Ea.	<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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 6/30/16	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni /jl</i>		Date 6/7/16

CK# 25781

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



Date of Notification (1) <u>6/7/16</u>		Name of Building Owner/Operator (2) <u>Shaw</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 [REDACTED]	
		City, State, Zip Code <u>Chester, NJ 07930</u>	
		Name of Contact <u>William Shaw</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential-Summer Cottage</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 [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>Chester, NJ 07930</u>		Bldg. Age <u>95+/-</u>	
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	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>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>

Start Date (10) <u>6/16/16</u>	Scheduled Completion Date (11) <u>7/1/16</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 4pm</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"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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>60 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Boiler Insulation</u>	<u>20 sf</u>				

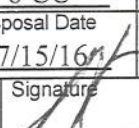
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/11/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/7/16</u>

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

CK # 25180

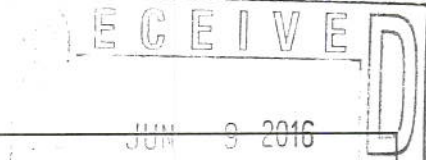
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

RECEIVED
JUN 9 2016

Date of Notification (1) <u>6/6/16</u>		Name of Building Owner/Operator (2) <u>Lorenz</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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address _____ ASBESTOS CONTROL & LICENSING						
	City, State, Zip Code <u>Pennington, NJ 08534</u>		Name of Contact <u>Melody Lorenz</u>	Telephone Number <u>3</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 _____		Square Feet <u>2500</u>	# of Floors <u>2</u>						
City (5) <u>Pennington, NJ 08534</u>		Bldg. Age <u>65+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	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>6/27/16</u>	Scheduled Completion Date (11) <u>7/15/16</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 4pm</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"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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>Attic</u>		<input checked="" type="checkbox"/>		<u>Vermiculite</u>	<u>850 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>8 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/15/16</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/6/16</u>						

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

CK# 25182



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

Date of Notification (1) <u>6/7/16</u>		Name of Building Owner/Operator (2) <u>Roosevelt Public Schools</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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2A School Lane</u> ASBESTOS CONTROL & LICENSING								
		City, State, Zip Code <u>Roosevelt, NJ 08555</u>								
		Name of Contact <u>James Nichols - Arch.</u>	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>Roosevelt Public School</u>		Type of Facility (4) <input checked="" 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>2A School Lane</u>		Square Feet <u>15000</u>	# of Floors <u>2</u>							
City (5) <u>Roosevelt, NJ 08555</u>		Bldg. Age <u>85+/-</u>								
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____								
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Connections</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>								
Street Address <u>120 N. Warren Street</u>		Street Address <u>PO Box 322</u>								
City, State, Zip Code <u>Trenton, NJ 08608</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>								
Project Manager for Monitoring Firm <u>Steve Fairess</u>	Telephone No. <u>(609) 392-4200</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>							
Start Date (10) <u>6/20/16</u>	Scheduled Completion Date (11) <u>7/1/16</u>	Name of OSHA Monitor <u>MECS</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>								
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<u>Room 1 and 8</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>1335 sf</u>	<input checked="" type="checkbox"/>				
<u>Rooms 2, 3, and 9</u>		<input checked="" type="checkbox"/>		<u>Mastic</u>	<u>2100 sf</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>6 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>						
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/1/16</u>	City, State <u>Morrisville, PA</u>							
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 		Date <u>6/7/16</u>						

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)



Date of Notification (1) **6/7/16**

Name of Building Owner/Operator (2) **ERIN BELFI**

Street Address [Redacted]

City, State, Zip Code **WESTFIELD, N.J. 07091**

Name of Contact **ERIN BELFI**

Telephone Number [Redacted]

Agencies Notified: EPA, DEP, DOH, DCH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

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

Street Address [Redacted]

City (5) **WESTFIELD**

County (6) **UNION**

County Code (7) (STATE USE ONLY)

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

Square Feet **1350**, # of Floors **2**, Bldg. Age **+50**

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

Name of Monitoring Firm Hired by Building Owner (8) [Redacted]

ASCM No. [Redacted]

Name of Abatement Contractor (9) **A.MAC Contracting Inc.**

Street Address **185 Vreeland Ave.**

City, State, Zip Code **Midland Park, NJ**

Telephone No. **(201)262-5841**, License No. **00156**

Project Manager for Monitoring Firm [Redacted]

Telephone No. [Redacted]

Start Date (10) **6/16/16**, Scheduled Completion Date (11) **6/30/16**

Name of OSHA Monitor **Omega Environmental Services**

Street Address **280 Huyler St.**

City, State, Zip Code **Hackensack, NJ 07605**

Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe

Scope of Work (Check All That Apply): < 25 sf or 25 lf, ≥ 160 sf or ≥ 250 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Exempt Procedures

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, VMT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	45LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler **Newark Carting, Inc.**, N.J.E.P. Waste Hauler ID No. **04509**

City, State **Newark, NJ**

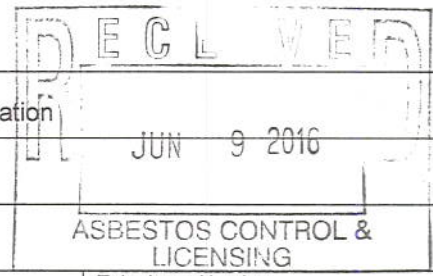
Disposal Date **6/16/16**

Name of Registered Landfill **IESI PA, Bethlehem Landfill Corp.**, City, State **Bethlehem, PA**

Completed by **Joseph Vocaturo**, Title **Vice President**, Signature **J. Vocaturo**, Date **6/7/16**

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

CK 2211



Date of Notification (1) 6/6/16		Name of Building Owner/Operator (2) East Greenwich Twp Board of Education	
Agencies Notified <input checked="" 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 559 Kings Highway	
		City, State, Zip Code Mickleton NJ 08056	
		Name of Contact Gregory Wilson	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) John Berkley Library		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 559 Kings Highway			
City (5) Mickleton, NJ 08056		Square Feet 10000	# of Floors 2
		Bldg. Age 41	
County (6) Grouster	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned	

Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental	
Street Address 1930 Brown Rd		Street Address 135 Kinnelon Rd Suite 102		
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Kinnelon NJ 07405		
Project Manager for Monitoring Firm James Eberts		Telephone No. 856-205-1077	Telephone No. 908-201-0880	License No. 01228

Start Date (10) 6/20/16	Scheduled Completion Date (11) 6/28/16	Name of OSHA Monitor Yannuzzi Group		
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 135 Kinnelon Rd suite 102		
		City, State, Zip Code Kinnelon, NJ 07405		

Scope of Work (Check All That Apply)

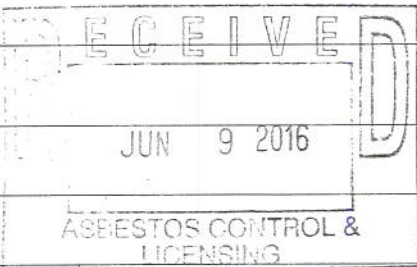
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior windows			x	window caulk	480 lf	x			
1st floor kitchenette&basement rm#1			x	VAT	927 sf	x			

Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill Grows	
City, State Kinnelon NJ		Disposal Date 6/28/16		City, State Morrisville, Pa	
Completed by John Mucha		Title Sr project mang.	Signature 		Date 6/6/16

CK 2136

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



Date of Notification (1) <u>06</u> / <u>07</u> / <u>16</u>		Name of Building Owner/Operator (2) Borough of Elmwood Park	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address 182 Market Street	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elmwood Park, NJ 07407	
		Name of Contact Nordan Murphy	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Building		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 150 Van Riper Avenue		Square Feet	# of Floors
City (5) Elmwood Park, NJ 07407		Bldg. Age	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188
Start Date (10) <u>06</u> / <u>21</u> / <u>16</u>	Scheduled Completion Date (11) <u>07</u> / <u>21</u> / <u>16</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

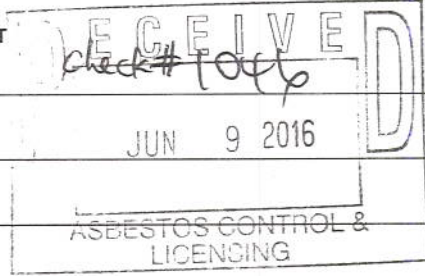
Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unsafe to be removed mechanically	4,700 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill
City, State Newark, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 6/7/16

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



Date of Notification (1) 6/3/2016		Name of Building Owner/Operator (2) ZMI Arlington, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 114 North Arlington	
		City, State, Zip Code East Orange, NJ	
		Name of Contact Zev Neumann	
		Telephone Number	

FACILITY INFORMATION

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 [REDACTED]			
City (5) East Orange		Square Feet 200LF	# of Floors 1
County (6) Essex		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) Optimum Environmental Solutions, LLC
Street Address		Street Address 2717 Linwood Road	
City, State, Zip Code		City, State, Zip Code Union, NJ 07083	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-418-2737
			License No. 01227
Start Date (10) 6/17/2016	Scheduled Completion Date (11) 6/20/2016	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Boiler Room			X	Pipe Insulation	200LF	X			

Name of Registered Waste Hauler TRISTATE		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 1199 Randall Avenue, Bronx, NY			Disposal Date	City, State Waynesburg	
Completed by Emmanuel Chiobi		Title Operations Manager	Signature <i>Emmanuel Chiobi</i>		Date 6/3/2016