

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

Date of Notification (1) 4-14-15		Name of Building Owner/Operator (2) Margorie Edelstein	
Agencies Notified	Type Notification	Street Address 115 Chestnut Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Margorie Edelstein	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private & commercial homes, etc.)	
Street Address			Square Feet	# of Floors
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)		2
Current Use (Prior to being demolished)				

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	

License Number
00371

Scheduled Start Date (10) 4-30-15		Sched. Completion Date (11) 5-1-15		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
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: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	70 LF

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Waste Management Company G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5-2-15		City, State Morrisville, NC	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>
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Abatement Type				
R	R	E	E	
E	E	N	N	
M	P	C	C	
O	A	A	O	
V	I	P	S	
A	R	S	U	
L		U	R	
		L	E	

Waste Management

Date
4-14-15

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

CK 4 71

Date of Notification (1) 4/13/15		Name of Building Owner/Operator (2) Jeffery Bassano Private Home		
Agencies Notified	Type Notification	Street Address 1725 West Central Ave		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Seaside Heights NJ 08751		
		Name of Contact Jeff	Tel	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Jeffery Bassano Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)		
Street Address 1725 West Central Ave		Square Feet 1000+	# of Rooms 2	
City (5) Seaside Heights NJ 08751		Bldg. Age 35+		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if be Home		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor Pernaco Inc.	
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	
Start Date (10) 4/13/15	Scheduled Completion Date (11) 4/13/15	Name of OSHA Monitor Same		
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*)		
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)
	Yes	No	N/A	
Found behind wall during Demo			x	Transite Siding
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste q	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 4/14/15	City, State Morrisville	
Completed by Anthony T Perna		Title President	Signature 	

Phone Number

License No.
10727

demolished)

License No.
10727

Negative Pressure

Non-Friable Procedure

Amount Specify or LF)	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
0 SF	x			

Registered Landfill

19067

Date
4/13/15

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

Emergency

Date of Notification (1) 4/13/15		Name of Building Owner/Operator (2) Danny Hanna Private Home	
Agencies Notified	Type Notification	Street Address 103 East Navasink Dr.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <i>Little Egg Harbor NJ. 08087</i>	
		Name of Contact Eileen	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Danny Hanna Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)	
Street Address 103 East Navasink Dr.		Square Feet 1000+	# of Bldg. Age 1 35+
City (5) <i>Little Egg Harbor NJ. 08087</i>		County Code (7) (STATE USE ONLY)	
County (6) Ocean		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800
Start Date (10) 4/14/15	Scheduled Completion Date (11) 4/16/15	Name of OSHA Monitor Same	
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure
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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)	Area (S or SF)
	Yes	No	N/A		
Kitchen			x	Floor Tile	13 SF
Exterior Siding			x	Exterior Siding	120 SF

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Waste Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 4/16/15	City, State Morrisville PA
Completed by Anthony T Perna	Title President	Signature 	Date 4/13/15

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

Date of Notification (1) 4-14-15		Name of Building Owner/Operator (2) Jason Kreuzer	
Agencies Notified	Type Notification	Street Address 14 Cambridge Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jason Kreuzer	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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, etc.)	
Street Address			Square Feet	# of Floors
City (5)	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 4-22-15	Sched. Completion Date (11) 4-27-15		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year			
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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 (Spec SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	220

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered L G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 4-28-15	City, State Morrisville, NJ 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>
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License Number
00371

Abatement Type				
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
X				

Fill
19067
4-14-15

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

Date of Notification (1) 4-14-15		Name of Building Owner/Operator (2) Gladys Kintner	
Agencies Notified	Type Notification	Street Address 2 Academy Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Newton, NJ, 07860	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Gladys Kintner	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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 1575	# of Floors 2
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	Bldg. Age 80

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	

Scheduled Start Date (10) 4-29-15		Sched. Completion Date (11) 4-30-15		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
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: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					
Street Address					
City, State, Zip Code					

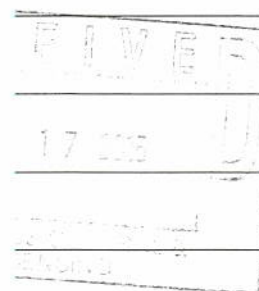
Scope of Work (Check all that apply)

<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 type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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 (Spec SF LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	110

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Inspector G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-30-15		City, State Morrisville,	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>
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License Number
00371

License Number
00371

Abatement Type				
R	R	E	E	
E	E	N	N	
M	P	C	C	
O	A	A	A	
V	I	P	P	
A	R	S	S	
L		U	U	
		L	L	
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dfill

19067

Date
4-14-15

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

Date of Notification (1) 4-14-15		Name of Building Owner/Operator (2) George & Elizabeth Hirai	
Agencies Notified	Type Notification	Street Address 14 The Fairway	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact George & Elizabeth Hirai	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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, etc.)	
Street Address			Square Feet	# of Floors
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	Bldg. Age

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	

License Number
00371

Scheduled Start Date (10) 4-15-15		Sched. Completion Date (11) 4-16-15		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
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: <u>OffHours Descript</u>					
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag Procedure			
			<input type="checkbox"/> 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 (Spec SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	65 lf

Abatement Type				
R	R	E	E	
E	E	N	N	
M	P	C	C	
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V	I	P	O	
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L		U	U	
		.	R <td></td>	
			E <td></td>	
X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered L G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-17-15		City, State Morrisville, NJ	
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>CVivian</i>	

If fill
19067Date
4-14-15

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

Date of Notification (1) 4-14-15		Name of Building Owner/Operator (2) Pat Lambert	
Agencies Notified	Type Notification	Street Address 26 Caroline Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Clifton, NJ, 07011	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Pat Lambert	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)	
Street Address			<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 2300 SF	# of Floors 2
City (5)	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 5-4-15	Sched. Completion Date (11) 5-5-15		Name of OSHA Monitor N/A	
Month Day Year 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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	75 lf

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Inspector G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 5-6-15	City, State Morrisville, NJ 19067

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>
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Abatement Type				
R	R	E	E	
REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	
X				

dfill
 19067

Date
4-14-15

APR 17 2005

(2)	
8 (other than k-12)	
private & commercial buildings,	
)	
s	Bldg. Age
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Jersey 08755-1271	
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524	
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Jersey 08854	
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nt SF)		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
		X			
		Date 4/13/2015			

**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) <div style="text-align: center;">April 13, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Yeager Construction</div>	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address <div style="text-align: center;">46 Maine</div> City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08753</div> Name of Contact <div style="text-align: center;">Scott</div>	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) [] School [] Subchapter s [x] Other (homes, etc.)	
Street Address <div style="text-align: center;">669 Bayview Drive</div>			Square feet <div style="text-align: center;">800 sf</div>	
City <div style="text-align: center;">Toms River</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	# of floors <div style="text-align: center;">80</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>	
Street Address			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
City, State, Zip Code			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>	
Project Manager for Monitoring Firm			City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08755-1271</div>	
Telephone Number			Telephone Number <div style="text-align: center;">732-349-9932</div>	
Scheduled Start Date (10) <div style="text-align: center;">4/14/15</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. ANAL</div>	
Scheduled Completion Date (11) <div style="text-align: center;">4/15/15</div>			Street Address <div style="text-align: center;">1056 Stelton Road</div>	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			City, State, Zip Code <div style="text-align: center;">Piscataway, NJ 08854</div>	
Scope of Work (Check all that apply)				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input 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-Removable Procedure </div> </div>				

Location of Asbestos-Containing Material (ACM) in facility (13) <div style="text-align: center;"><u>TO BE ABATED</u></div>	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)	Asbestos Quantity (Spill or Surface) (14)
Exterior house		X		Asbestos siding	700
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>					
NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>		Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>	
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">4/1/15</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 	
Date <div style="text-align: center;">4/13/15</div>					

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

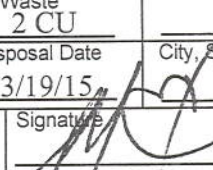
20546	
4/13/15	

12)	
r 8 (other than k-12)	
, private & commercial buildings, etc.)	
rs	Bldg. Age <div style="text-align: center;">80</div>
lished)	
cting, Inc.	
nit 61	
v Jersey 08755-1271	
ense Number <div style="text-align: center;">624</div>	
cal	
id	
Jersey 08854	
ve Pressure	
riable Procedure	

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
X			

CK# 24763

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

Date of Notification (1) <u>3/17/15</u>		Name of Building Owner/Operator (2) <u>Isabell</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>431 S. Olden Ave.</u>		
			City, State, Zip Code <u>Trenton, NJ 08629</u>		
		Name of Contact <u>Carolyn Isabell</u>	Telephone _____		
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 commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>431 S Olden Ave.</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>		
City (5) <u>Trenton, NJ 08629</u>		Bldg. Age <u>85+/-</u>			
County (6) <u>Mercer</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>		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 08101</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>3/18/15</u>	Scheduled Completion Date (11) <u>3/19/15</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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Fiber					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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 (Spec SF or L)
	Yes	No	N/A		
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>100</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>GROW</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/19/15</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>		Signature 		

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>			
Landfill			
Date <u>3/17/15</u>			

03/17/2015 1:41PM FAX

00002/0005

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

Date of Notification (1) 3/17/15		Name of Building Owner/Operator (2) Isabel	
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 431 S. Olden Ave. City, State, Zip Code Trenton, NJ 08629 Name of Contact Carolyn Isabell 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 S (Other than home-based) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address 431 S Olden Ave.		Square Feet 1400	
City (6) Trenton, NJ 08629		# of Floors 2	
County (8) Mercer		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	
Start Date (10) 3/18/15		Scheduled Completion Date (11) 3/19/15	
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: 8am to 4pm		Name of OSHA Monitor MECS	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 sf or less <input type="checkbox"/> 24 to 299 sf <input type="checkbox"/> 300 sf or more <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Friable Process		Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Thermal Pipe Insulation	Amount (Specify SF or LF) 100 lf
Name of Registered Waste Hauler Stevens Environmental Services, Inc.	RUEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 CU	Name of Registered Landfill GROWS L
City, State Allentown, NJ		Disposal Date 3/19/15	City, State Morrisville
Completed By Mahlon E. Stevens	Title Project Manager	Signature 	Date 3/17/15

ASB-41
MAR 00

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

K# 24763

- 10 DAY

APPROVED

Bldg. Age
85+/-Bldg. Age
85+/-

s, Inc.

0493

Abatement Type

Removal	Repair	Encapsulate	Enclosure
X			

fill

PA

3/17/15

CHECK #
3683

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

Date of Notification (1) <u>4/12/15</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKS LANE</u>	
		City, State, Zip Code <u>EGG HARBON, N.J.</u>	
		Name of Contact <u>BARBARA</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter <input checked="" type="checkbox"/> Other (i.e., homes, etc.)	
Street Address <u>705 WEST SHORE DRIVE</u>		Square Feet <u>1500</u>	
City (5) <u>BRAUNTOWN</u>		Current Use (if being demolished) <u>CAVE</u>	
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor <u>ILCOMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. S</u>	
Project Manager for Monitoring Firm <u>N/A</u>		City, State, Zip Code <u>MAPLE SHORE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-047</u>	
Start Date (10) <u>4/24/15</u>		Scheduled Completion Date (11) <u>5/5/15</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: _____		Name of OSHA Monitor <u>N/A</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and I		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Name of Registered Waste Hauler <u>ILCOMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHORE, N.J. 08052</u>		Cubic Yards of Waste <u>15</u>	
Completed By <u>JOSEPH ILCOM</u>		Disposal Date <u>PL</u>	
Title <u>OWNER</u>		Signature <u>Joseph Ilcom</u>	

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INTERPRISES
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Telephone Number

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(Other than K-12)
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Bldg. Age
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r if being demolished)
CAVE

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2006 Ave.
DE, N.J. 08052
License No.
00444

ative Pressure
Friable Procedure

Amount (Specify SF or LF)	Abatement Type		
	Removal	Repair	Encapsulate
1000 LF	X		

tered Landfill
UA
ASBESTOS ABATEMENT
Date
4/17/15

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

Date of Notification (1) 4-14-2015		Name of Building Owner/Operator (2) Nancy Wells	
Agencies Notified	Type Notification	Street Address 42 Central Ave.	
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrook Heights, NJ 07604	
		Name of Contact Nancy Wells	Telephone _____

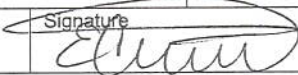
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e. private & comm etc.)	
Street Address 42 Central Ave		Square Feet 2,000	# of Floors 2
City (5) Hasbrook Heights		Current Use (Prior if being dem House	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950
Start Date (10) 4/24/2015		Scheduled Completion Date (11) 4/25/2015	Name of OSHA Monitor Loznica Management Corp
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park NJ 07035	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negat
<input 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-

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
2nd Fl			X	VAT	220 SF

Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville PA 190	
Completed by E. Cirovic	Title Secretary	Signature 		

2) ial buildings, homes,

Bldg. Age

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No.

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ble Procedure

Abatement Type

Removal	Repair	Encapsulate	Enclosure
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x

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Date
4/14/2015

CH-012
3692

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

2015

RECEIVED
APR 17 AM 12:56

Date of Notification (1) <u>4/13/15</u>		Name of Building Owner/Operator (2) <u>EMT+TECH CONTRACT</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	City, State, Zip Code <u>GREENFIELD, N.J. 07030</u>
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Name of Contact <u>BRUCE BREUNIG</u>	
Street Address <u>300 YACOB AVE.</u>		Telephone Number	
City (5) <u>CAPE MAY POINT</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input type="checkbox"/> Other (i.e., homes, etc.)	
County (6) <u>CAPE MAY</u>		Square Feet <u>1000</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to Abatement) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-729-0472</u>	
Start Date (10) <u>4/20/15</u>		Scheduled Completion Date (11) <u>5/11/15</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:		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		License No. <u>00444</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) <u>ROOFING</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Is Location Normally Used Solely by Custodial Staff? (13) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Specify F or LF <u>100 lb</u>	
Name of Registered Waste Hauler <u>Klemco Inc.</u>		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date <u>WOODRIDGE, N.J.</u>	
Completed By <u>MICHAEL KLEMM</u>		Signature <u>[Signature]</u>	
Title <u>VICE PRESIDENT</u>		Date <u>4/13/15</u>	

one Number

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

CK#

61.

Date of Notification (1) 4-10-2015		Name of Building Owner/Operator (2) Village Construction on behalf of home-owner		NJ Dept. of Public Safety	
Agencies Notified		Type Notification		Street Address 117 Union Street	
<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 WoodRidge NJ 07075	
		Name of Contact Bill		Telephone No.	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial etc.)	
Street Address 117 Union Street				Square Feet 2,500	
City (5) WoodRidge				# of Floors 2	
County (6) Bergen				Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp	
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. 9737067950	
Project Manager for Monitoring Firm n/a		License 01192		Name of OSHA Monitor Loznica Management Corp	
Start Date (10) 4/13/2015		Scheduled Completion Date (11) 4/20/2015		Street Address 22 Troy Lane	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm				City, State, Zip Code Lincoln Park NJ 07035	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 25 sq ft or more		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> LINE DUMPSTERS & WE <input type="checkbox"/> Full Containment with Negative <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-F	
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)	
		Yes No N/A			
Throughout House				Brown Coat Plaster 1950 SF	
2nd Fl Kitchen				Vinyl Flooring 64 SF	
1st Floor Kitchen				Vinyl Flooring 105 SF	
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic	

PROVED
 1/1 & Senior Services
 [Signature]
 Date: 4/10/15
 Time: 7:39 AM

5 Time: 7:39 AM

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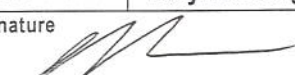
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Ch k No. **2458**

Date of Notification (1) April 13, 2015		Name of Building Owner/Operator (2) County of Bergen	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Bergen County Plaza City, State, Zip Code Hackensack, NJ 07601 Name of Contact John Cascone	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.)	
Street Address 10 Main Street		Square Feet 345,000	# of Floors 5
City (5) Hackensack, NJ 07601		Bldg. Age 100	
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office / Court
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 0012	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.
Street Address 300 Grand Avenue		Street Address 223 Randolph Avenue	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-478-4681
Start Date (10) April 23, 2015		Scheduled Completion Date (11) May 11, 2015	Name of OSHA Monitor McCabe Environmental Service L.L.C.
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 <input type="checkbox"/> Other - Describe:		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type
			Removal Repair Encapsulate Enclosure
2nd Floor - BCPO IT Room	<input checked="" type="checkbox"/>	Spray-On Fireproofing	450 sq ft
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	Cubic Yards of Waste 5
City, State Clifton, NJ 07011 / Bronx, NY		Disposal Date 04/25/15 - 05/15/15	Name of Registered Licensure Holder Minerva Enterprises, Inc.
Completed by G. Roger Woodman		Title Safety Officer	Signature 
		Date 4/13/2015	

04/13/2015 11:18

2013297440

BEST

PAGE 04/04

EMERGENCY

REQUEST FOR TODAY WAIVER

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

Date of Notification (1) 4-13-2015		Name of Building Owner/Operator (2) K. BOYLE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Project Address 80 TERRACE STREET City, State, Zip Code PARK RIDGE, NJ 07656	
		Name of Contact K. BOYLE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) K. BOYLE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial homes, etc.)	
Street Address 80 TERRACE STREET		Square Feet 1800..	# of Floors 2
City (5) PARK RIDGE		Current Use (Prior if being demolished) RESIDENCE	
County (6) BERGEN	Country Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
		201-329-7444	00388
Start Date (10) 4-15-2015	Scheduled Completion Date (11) 4-17-2015	Name of OSHA Monitor Omega Environmental	
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: 3AM 5PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07601	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 1 to 2 of or 2 to 4 <input type="checkbox"/> 1 to 100 of or 2 to 200 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (7) and Non-Private Pro	
Location of Asbestos-Containing Material (ACM) (12) TO BE ABATED IN FACILITY (13)	In Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes No NA	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
BASEMENT	X	VAT	620
Name of Registered Waste Handler Best Removal Inc		N.J. DEP Waste Handler ID No. 17109	Cubic Yards of Waste 1 1/2 yd
City, State Hackensack, N.J. 07601		Disposal Date 4-17-15	Name of Registered Landfill Minerva Enterpr
Completed by A. Veldran		Estimator R. Veldran	City, State Waynesburg, Oh

ASB-41

* Do not use this form for asbestos removal exempt activities.

APR 17 AM 12:57

ASBESTOS CONTROL

Idg. Age

68 YRS

16

Abatement Type

Enclosure	Booth	Full	Partial

FX

es, LLC

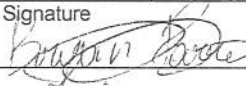
4688

-13-15

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Print Form

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

Date of Notification (1) 04/13/15		Name of Building Owner/Operator (2) Nithya Madhavairy			
Agencies Notified	Type Notification	Street Address 19 Buckingham Rd			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 West Orange, NJ, 07052			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Nithya Madhavairy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 19 Buckingham Rd		Square Feet	# of Floors		
City (5) West Orange		Bldg. Age			
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) Pro Abatement		
Street Address		Street Address 1009 87th Street Suite A4			
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-293-6305		
Start Date (10) 04/15/15	Scheduled Completion Date (11) 04/16/15	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAST SUITE 7			
		City, State, Zip Code UNION NJ 07083			
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-Exempted (**)			
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 (Spec SF or L)
	Yes	No	N/A		
Basement				Thermal system insulation	65 L
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Waste Hauler MEDOWLAND COMMISION	
City, State KENILWORTH, NJ		Disposal Date		City, State KEARNY, NJ	
Completed by Bryan Parra		Title Project Manager	Signature 		Date 04/13/15

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

Check #9717

Date of Notification (1) April 14, 2015		Name of Building Owner / Operator (2) Walgreen Co.	
Agencies Notified	Type Notification	Street Address 899 Mountain 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 Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Springfield, NJ 07081	
		Name of Contact Sarah Johnson	

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Walgreens Store		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)	
Street Address 738 Union Avenue		Square Feet 25,000	# of Floors 1
City (5) Middlesex		Current Use (Prior if being demolished) Retail	
County (6) Middlesex	County Code (7) USE ONLY		

Buildings, home, etc.)

Bldg. Age
50

Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 197 Route 18 South			Street Address 829 Radio Road	
City, State & Zip Code East Brunswick, NJ 08816			City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Dan Albanese		Telephone Number 732-763-4734	Telephone Number 609-296-6916	Lic. # 00817
Scheduled Start Date (10) April 24, 2015	Scheduled Completion Date (11) May 14, 2015		Name of OSHA Monitor Synatech, Inc.	

Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or \geq 1f <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Pressure	

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 SF c
	Yes	No	N/A		
Main Store Area and Adjacent Office/Storage Space		X		Floor Tile	25,000

Pressure

able Procedure

Specify	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
3F	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 50	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date May 15, 2015		City, State Morrisville, PA
Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>		Date April 14, 2015

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

2015 APR

7 AM 1:03

U A FAX
RE 27# 1/21

Date of Notification (1) 4/14/15		Name of Building Owner/Operator (2) Mr Michael Mahoney	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 2698	
		City, State, Zip Code WESTFIELD, NJ 07091	
		Name of Contact Mr Mahoney	
		Telephone []	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other) <input type="checkbox"/> Other (i.e. private & homes, etc.)	
Street Address 880 TALCOTT RD		Square Feet 3,000	# of Floors 2
City (5) WESTFIELD NJ		Bldg. Age 60	
County (6) MORRIS		County Code (7) (STATE USE ONLY)	Current Use (Prior if built) HO
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC	
Street Address		Street Address P.O. Box 814	
City, State, Zip Code		City, State, Zip Code OLD BRIDGE NJ 08857	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 238x7500	License A
Start Date (10) 4/15/15	Scheduled Completion Date (11) 5/15/15	Name of OSHA Monitor NOVATECH 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 P.O. Box 814	
		City, State, Zip Code OLD BRIDGE NJ 08857	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Air <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-F	
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)
	Yes	No	
BASEMENT 2nd floor & 3rd floor			FLOOR TILE 9x9
Name of Registered Waste Hauler NOVATECH INC	NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Person G.R.O.C
City, State OLD BRIDGE NJ 08857		Disposal Date 5/15/15	City, State Morris NJ
Completed by CARLOS ALMEIDA	Title PRESIDENT	Signature [Signature]	

* Do not use this form for asbestos licensure exempted activities

SUBMITTING
ENSING

K-12
verial buildings.

Bldg. Age
60

amplified)

E.

8857

806

57

pressure

ie Procedure.

mount
specify
or LF)

10 S/F

fill

S.


P.A.

Date
4/14/15

PK 3584

Print Form

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

Date of Notification (1) 04/14/15 Ck # 3584 \$200		Name of Building Owner/Operator (2) Union County College			
Agencies Notified	Type Notification	Street Address 225 Roosevelt Avenue			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Plainfield, New Jersey			
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John Hone	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Union County College, Health & Sciences Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 225 Roosevelt Avenue		Square Feet 5,000	# of Floors 2		
City (5) Plainfield, New Jersey		County Code (7) (STATE USE ONLY) _____			
County (6) Union		Current Use (Prior if being demolished) College			
Name of Monitoring Firm Hired by Building Owner (8) The Saban Engineering Group Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 201 Stuyvesant Avenue		Street Address 606 McBride Avenue			
City, State, Zip Code Lyndhurst, New Jersey 07071		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Stephen Phrai		Telephone No. 201-299-7710	Telephone No. 973-225-8400		
Start Date (10) 04/28/15	Scheduled Completion Date (11) 05/12/15	Name of OSHA Monitor J&S Environmental Labs 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: 7AM Start		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, New Jersey 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and No			
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 L)
	Yes	No	N/A		
2nd FL Interior & Exterior		X		Caulking/Glazing on Windows	9 each
1st FL Interior & Exterior		X		Caulking/Glazing on Windows	4 each
1st FL Interior & Exterior		X		Caulking on Door	1
1st FL		X		Caulk around doors	5
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Land	
City, State Woodland Park, New Jersey 07424			Disposal Date 05/15/15	City, State Morrisville, PA	
Completed by Momo Glavatovic		Title Vice President	Signature 		

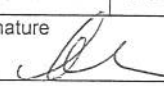
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date 04/14/15			

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 (Spec SF or L)
	Yes	No	N/A		
1st FL		X		Caulk around windows	4 eac
1st FL		X		Caulk around garage doors	2
1st FL		X		Caulking on Louver	2

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
X			
X			

RECEIVED
2015 APR 17 AM 1:09
APPLIED LICENSING

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

Date of Notification (1) 4/14/15		Name of Building Owner/Operator (2) Pronti Construction			
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 192 Christopher Columbus Drive			
		City, State, Zip Code Jersey City			
		Name of Contact Art Pronti	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 204 Cambridge Avenue		Square Feet 2200	# of Floors 2		
City (5) Jersey City		Bldg. Age 60			
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.	Name of Abatement Contractor (9) ABS Environmental Services, Inc.		
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. 973-583-8500		
Start Date (10) 4/16/15		Scheduled Completion Date (11) 5/16/15	Lice 703		
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: _____		Name of OSHA Monitor			
		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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (**) and Non-Exempted (**)					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
exterior			X	siding	1400 SF
roof			X	tar	10 SF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	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 		

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

Check#2163

Date of Notification (1) 04 / 14 / 15		Name of Building Owner/Operator (2) Barbara Frank			
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 50 Bellevue Avenue City, State, Zip Code Summit, NJ 07901 Name of Contact Barbara Frank			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 50 Bellevue Avenue City (5) Summit, NJ 07901 County (6) Union		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.) Square Feet # of Floors Bldg. Age			
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		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) 04 / 24 / 15		Scheduled Completion Date (11) 04 / 25 / 15			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410			
Scope of Work (Check all that apply) <input 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 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 F			
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)
	Yes	No	N/A		
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	170 LF
	<input type="checkbox"/>	<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 City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Lender T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 04/14/2015

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Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<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"/>

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

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

KF 24761

Date of Notification (1) <u>3/16/15</u>		Name of Building Owner/Operator (2) <u>Chamber Properties</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>20 Nassau Street</u> City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Mr. Perter Madison</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Suite 214</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, etc.) <input checked="" type="checkbox"/> Other (i.e., private & homes, etc.)	
Street Address <u>20 Nassau Street</u>		Square Feet <u>10000</u>	# of Floors _____
City (5) <u>Princeton, NJ 08542</u>		Bldg. Age <u>80+/-</u>	
County (6) <u>Mercer</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 01</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Licenses No. <u>00493</u>
Start Date (10) <u>3/17/15</u>	Scheduled Completion Date (11) <u>3/17/15</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 checked="" 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 015</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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Suite 214</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</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>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/18/15</u>	Name of Registered Landfill <u>GROVE</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>3/16/15</u>	

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

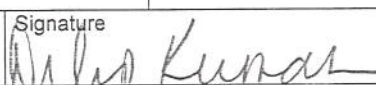
Date of Notification (1) 04/13/15		Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1970 SWARTHMORE AVENUE, #5	
		City, State, Zip Code LAKEWOOD, NJ 08701	
		Name of Contact SIVI AINSFELD	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 102 BENNET AVENUE City (5) NEPTUNE CITY, NJ County (6) MONMOUTH COUNTY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1500 # of Floors 2 Bldg. Age Current Use (Prior if being derelict) HOME	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701	Telephone No. 732-668-9078 License No. 120
Start Date (10) 04/22/15	Scheduled Completion Date (11) 04/22/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	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) PIPE INSULATION Amount (Specify SF or LF) 70 LF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARDS Name of Registered Lead IESI
City, State NEWARK, NJ		Disposal Date 04/22/15	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature Date 04/13/15

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

Date of Notification (1) 04/14/2015		Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companies		
Agencies Notified	Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	125 High Street City, State, Zip Code Boston, MA 02110 Name of Contact Enrique Bellido		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)		
Street Address 75 Demarest Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)		
City (5) Wayne		Square Feet 190,000	# of Bldg. Age 2 46	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Factory - Vacant for demolition		
Name of Monitoring Firm Hired by Building Owner (8) CTSI Environmental Safety & Health Profess.		ASCM No. 00109	Name of Abatement Contractor Incinia Contracting, Inc.	
Street Address 237 West 35th Street, Suite 805		Street Address 1360 Clifton Avenue, Union		
City, State, Zip Code New York, NY 10001		City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Farhood Selamie		Telephone No. (212) 929-3451	Telephone No. (973) 450-9500	
Start Date (10) 04/15/2015	Scheduled Completion Date (11) Estimated 04/22/2015	Name of OSHA Monitor Incinia Contracting, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		1360 Clifton Avenue, Union City, State, Zip Code Clifton, NJ 07012		
Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		
		<input checked="" type="checkbox"/> Full Containment with Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure <input type="checkbox"/> 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)	
	Yes	No		
WASTE Hauler updated only!				
		X	X	Fireproofing
NJDEP Waste Hauler ID No. NJ-809	Cubic Yards of Waste 20	Name of Registered Tri State Transportation & Associates		
	Disposal Date TBD	City, State Bronx, NY		
Completed by Milena Zoric		Title Executive Director	Signature <i>Milena Zoric</i>	
		Date 04/14/2015		

NO CK

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

Date of Notification (1) <div style="text-align: center;">04 / 13 / 15</div>		Name of Building Owner/Operator (2) New Jersey Schools Development Authority	
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 #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Robert Zeiders	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Trenton Central High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.)	
Street Address 400 Chambers Street		Square Feet 450000	# of Floors 2
City (5) Trenton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant
Name of Monitoring Firm Hired by Building Owner (8) CB&I Government Solutions, Inc.		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.
Street Address 200 Horizon Center Boulevard		Street Address 8436 Enterprise Avenue	
City, State, Zip Code Trenton, NJ 08691		City, State, Zip Code Philadelphia, PA 19153	
Project Manager for Monitoring Firm Mike Vollo		Telephone No. 609-584-8900	Telephone No. 215-365-5810
Start Date (10) <div style="text-align: center;">04 / 16 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 31 / 15</div>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM PM- AM		Name of OSHA Monitor USA Environmental Management, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable	
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)
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 250
City, State New Castle, DE		Disposal Date 12/31/2015	Name of Registered Lessor GROWS
City, State Morrisville, PA			
Completed By (Print or Type) Dilip Kumar	Title Program Manager	Signature 	Date 4-13-2015

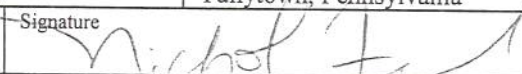
NO CK

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

Date of Notification (1) April 14, 2015		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2156 Camplain Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Cancellation	Antonio Dimuzio	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 33 Crescent Road		<input type="checkbox"/> School <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (homes, etc.)	
City Madison	County (6) Morris	County Code (7) (STATE USE ONLY)	Square feet 2000 sf
			# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9,	
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, NJ 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932	Telephone Number 732-349-9932	Name of OSHA Monitor E.M.S.L. Analysis
Scheduled Start Date (10) 4/7/15	Scheduled Completion Date (11) 4/8/15	Street Address 1056 Stelton Road	
Occupancy Status During Abatement (Check only one)		City, State, Zip Code Piscataway, New Jersey 08854	
<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 _____			
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 type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)	
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Area (Square Feet) (14)
	YES	NO	N/A		
Basement		X		Duct work	10 sf
Basement		X		Transite over furnace	10 sf

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 4/9/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	
			Date 4/14/2015

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

NO CK

State of New Jersey

Check # 10112

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

Date of Notification (1) 4-14-15		Name of Building Owner/Operator (2) Pat Lambert	
Agencies Notified	Type Notification	Street Address 26 Caroline Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Clifton, NJ, 07011	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Pat Lambert	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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 building, homes, etc.)	
Street Address			Square Feet 2300 SF	# of Bldg. Age 2 86
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		

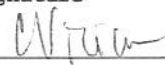
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 5-4-15	Sched. Completion Date (11) 5-5-15		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year			

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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	75 lf

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Waste Disposal Site G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5-6-15		City, State Morrisville,	

Completed By (Print or Type) Constantine Vivian	Title President	Signature 
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being demolished)

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	X			

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Date
4-14-15

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E N C A P S U L	E N C L O S U R
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Date	4/16/15