

EDS15-108

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

Page 1 of 1

Check #145

Date of Notification (1) 4-14-2015		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT			
Agencies Notified	Type Notification	Street Address 2175 Lemoine Avenue			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ			
		Name of Contact Jack DeNichilo			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) LEWIS F. COLE MIDDLE SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 467 STILLWELL AVENUE		Square Feet 40,000 +	# of Floors 1		
City (5) FORT LEE		Bldg. Age 50+			
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc		
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke			
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403			
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725		
Start Date (10) 4-24-2015 at 3:30 pm		Scheduled Completion Date (11) 4-27-2015			
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 GL Group, Inc			
		Street Address 140 Hamburg Tpke			
		City, State, Zip Code Bloomington, NJ 07403			
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 No			
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		
Music Store Room		X		Pipe Fittings	17 fittings
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered GROWS	
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 4-14-2015

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

Date of Notification (1) 4-15-15		Name of Building Owner/Operator (2) Jim Pflueger	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	39 Alexander Ave.	
		City, State, Zip Code Upper Montclair, NJ, 07043	
		Name of Contact Jim Pflueger	Telephone Number

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 and commercial buildings, homes, 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) 5-1-15		Sched. Completion Date (11) 5-4-15		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 (Specify SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	200

Abatement Type				
REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Waste Hauler G.R.O.W.S.	
City, State Montclair, NJ 07042			Disposal Date 5-5-15	City, State Morrisville,	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 4-15-15

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

Date of Notification (1) 4-20-15		Name of Building Owner/Operator (2) Virginia Middlemiss	
Agencies Notified	Type Notification	Street Address 285 Valley Road	
<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 Virginia Middlemiss	
<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 homes, etc.)	
Street Address			Square Feet 1900	# of Floors 3
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	

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)					

☒ >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) <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	150

Abatement Type				
REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Waste Hauler G.R.O.W.S.	
City, State Montclair, NJ 07042			Disposal Date 5-4-15	City, State Morrisville,	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		
Date 4-20-15					

dfill
19067

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

CHECK# 2487

Date of Notification (1) 4/20/2015		Name of Building Owner/Operator (2) JOSEPH SCHAEFER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 MONTEREY DRIVE	
	City, State, Zip Code BRICK, NJ 08723		
	Name of Contact JOSEPH SCHAEFER		
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 8 SANTIAGO DRIVE		Square Feet	
City (5) BRICK, NJ 08723		# of Floors Bldg. Age	
County Ocean		County Code (7) (STATE USE ONLY) AIRPORT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL	
		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	
Start Date (10) 5/4/2015	Scheduled Completion Date (11) 5/4/2015	Name of OSHA Monitor AMERITECH SERVICES	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours EXTERIOR WORK <input checked="" type="checkbox"/>		Street Address 259 Drum Point Road, Suite 7	
		City, State, Zip Code Brick, NJ 08723	
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 <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempt			
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	
Exterior Walls		<input checked="" type="checkbox"/>	CINDER BLOCK
Name of Registered Waste Hauler CURRENT CONSTRUCTION	NJDEP Waste Hauler ID No. 35149	Cubic Yards of Waste 40 YDS	Name of Registered Landfill Grows Landfill
City, State ALLENTOWN, NJ	Disposal Date 5/5/2015	CITY, STATE Morrisville, PA	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>	

Telephone Number			
Other than K-12 private & commercial buildings			
License No. 00676			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>			
Date 4/20/2015			

Date of Notification (1)		Name of Building Owner/Operator (2)	
4-21-15		Cheryl Stephan	
Agencies Notified	Type Notification	Street Address	
[] EPA	[X] Initial	85 N. Fulton Street	
[] DEP	Notification	City, State, Zip Code	
[X] DOL	[] Amended	Bloomfield, NJ, 07003	
[X] DOH	Notification	Name of Contact	Telephone Number
[] DCA	[] EMERGENCY	Cheryl Stephan	
	[] Cancellation		

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K-12) [X] Other (i.e., private & commercial building)	
Street Address			Square Feet 1800	# of Floors 2
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age 96	
			Current Use (Prior to being demolished)	

	86 Christopher St.
City, State, Zip Code	City, State, Zip Code Montclair, NJ 07042

License Number
00371

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

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[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF) LI
	Yes	No	N/A		
Basement			X	Pipe Insulation	110

		Abatement Type			
City		REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
		lf	X		

idfill

A 19067

Date
4-21-15

NO CK

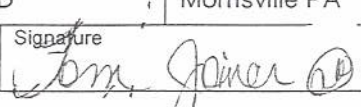
Print Form

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

RECEIVED

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) The Green At Bloomfield		2015 APR 2	AM 1:01
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 16 Microlab Road	
		City, State Zip Code Livingston NJ, 07039		ASBESTOS CONTROL & LIC	
		Name of Contact Tino Calinda		Tel one Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant Space (Law Office Retail Spaces)				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 38-50 Broad Street				Square Feet 23,000	# of Bldg Age 2 65+
City (5) Bloomfield				Current Use (Prior if being demolished) Vacant Space	
County (6) Essex		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No		Name of Abatement Contractor ecoservices, LLC.	
Street Address		Street Address 407 W. Lincoln Highway			
City, State, Zip Code		City, State, Zip Code Exton, PA, 19341			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 484-872-8884	
Start Date (10) 04/20/2015		Scheduled Completion Date (11) 06/26/2015		Name of OSHA Monitor Emsl	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 200 Route 130 N	
				City, State, Zip Code Cinniminson, NJ, 08077	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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	
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		Ar (S SF)	
Roof		X		Flashing	
BSMT/First Floor/Second Floor		X		Floor Tile	
Roof		X		Membrane	
BSMT		X		TSI	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 66	Name of Registered Waste Management Grows (aWM)
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville PA	
Completed by Tom Joiner		Title Project Manager		Signature Tom Joiner	
				Date 4/22/15	

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

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) The Green At Bloomfield			
Agencies Notified	Type Notification	Street Address 16 Microlab Road			
<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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ, 07039			
		Name of Contact Tino Calinda			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant Space (Law Office Retail Spaces)		Type of Facility (4)			
Street Address 56 Broad Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other <input checked="" type="checkbox"/> Other (i.e. private & c etc.)			
City (5) Bloomfield		Square Feet 3,500	# of F 2		
County (6) Essex		Current Use (Prior if being Vacant Space			
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC.		
Street Address		Street Address 407 W. Lincoln Highway			
City, State, Zip Code		City, State, Zip Code Exton, PA. 19341			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 484-872-8884		
Start Date (10) 04/20/2015	Scheduled Completion Date (11) 06/26/2015	Name of OSHA Monitor Emsl			
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 N			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinniminson, NJ. 08077			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
		<input checked="" type="checkbox"/> Full Containment with N <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N			
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)	Amc (Spe SF or)
	Yes	No	N/A		
Roof		X		Flashing	700
BSMT/First Floor		X		Floor Tile	2,730
First & Second Floor		X		Plaster	5,750
BSMT		X		TSI	310
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 66	Name of Registered Grows (aWM L	
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville PA	
Completed by Tom Joiner		Title Project Manager	Signature 	Date 4/22/15	

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

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) The Green At Bloomfield				
Agencies Notified	Type Notification	Street Address 16 Microlab Road				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ, 07039				
		Name of Contact Tino Calinda	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Vacant Space (Former Doctors Office)		Type of Facility (4)				
Street Address 252 Liberty Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)				
City (5) Bloomfield		Square Feet 4,750	# of Floors 3			
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if be demolished) Vacant Space			
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor ecoservices, LLC.			
Street Address		Street Address 407 W. Lincoln Highway				
City, State, Zip Code		City, State, Zip Code Exton, PA, 19341				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 484-872-8884			
Start Date (10) 04/20/2015		Scheduled Completion Date (11) 06/26/2015				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Emsl				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 200 Route 130 N				
		City, State, Zip Code Cinniminson, NJ, 08077				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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				
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 (SF)	Abatement Type
	Yes	No	N/A			
Roof		X		Flashing & Membrane	800LF	Removal
BSMT/First Floor		X		Floor Tile	27	Repair
First Floor		X		Plaster	3,6	Encapsulate
BSMT		X		TSI	1	Enclosure
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 66	Name of Registered Waste Management Grows (aWM)		
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville PA		
Completed by Tom Joiner		Title Project Manager	Signature <i>Tom Joiner</i>	Date 4/22/15		

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

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) The Green At Bloomfield				
Agencies Notified	Type Notification	Street Address 16 Microlab Road				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ, 07039				
		Name of Contact Tino Calinda				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Vacant Space (Former Doctors Office)		Type of Facility (4)				
Street Address 256 Liberty Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)				
City (5) Bloomfield		Square Feet 5,000	# of Floors 1			
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if be demolished) Vacant Space			
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor ecoservices, LLC.			
Street Address		Street Address 407 W. Lincoln Highway				
City, State, Zip Code		City, State, Zip Code Exton, PA. 19341				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 484-872-8884			
Start Date (10) 04/20/2015		Scheduled Completion Date (11) 06/26/2015				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Emsl				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 200 Route 130 N				
		City, State, Zip Code Cinniminson, NJ. 08077				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
		<input checked="" type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure				
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 of ACM (in lbs)	Abatement Type
	Yes	No	N/A			
First Floor		X		Floor Tile	10	Removal <input checked="" type="checkbox"/>
						Repair <input type="checkbox"/>
						Encapsulate <input type="checkbox"/>
						Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 31	Name of Registered Waste Management Grows (aWM)		
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville PA		
Completed by Tom Joiner		Title Project Manager		Signature <i>Tom Joiner</i>		Date 4/22/15

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

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) The Green At Bloomfield	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 16 Microlab Road		City, State, Zip Code Livingston NJ, 07039	
Name of Contact Tino Calinda		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Space (Former Karate studio/ retail space)		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 260-264 Liberty Street		Square Feet 3,300	# of Rooms 2
City (5) Bloomfield		Bldg. Age 65+	
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if be demolished) Vacant Space
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor ecoservices, LLC.
Street Address		Street Address 407 W. Lincoln Highway	
City, State, Zip Code		City, State, Zip Code Exton, PA. 19341	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 484-872-8884
Start Date (10) 04/20/2015		Scheduled Completion Date (11) 06/26/2015	Name of OSHA Monitor Emsl
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 200 Route 130 N	
		City, State, Zip Code Cinniminson , NJ. 08077	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure	
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	
Roof		X	Roof Flashing
Second Floor		X	Floor Tile
First & Second Floor		X	Plaster
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 11
City, State Newark, NJ		Disposal Date TBD	Name of Registered Waste Management Grows (aWM)
Completed by Tom Joiner		Title Project Manager	Signature Tom Joiner
		Date 4/22/15	

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

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) The Green At Bloomfield	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 16 Microlab Road		City, State, Zip Code Livingston NJ, 07039	
Name of Contact Tino Calinda		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Space (Former print shop / Apartment)		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 266 Liberty Street		Square Feet 6000	# of Floors 2
City (5) Bloomfield		Bldg Age 65+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor ecoservices, LLC.
Street Address		Street Address 407 W. Lincoln Highway	
City, State, Zip Code		City, State, Zip Code Exton, PA. 19341	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 484-872-8884
Start Date (10) 04/20/2015	Scheduled Completion Date (11) 06/26/2015	Name of OSHA Monitor Emsl	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 N	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure <input type="checkbox"/> Non-Friable Procedure		City, State, Zip Code Cinniminson, NJ. 08077	
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	
Roof		X	Roof Flashing
First & Second Floor		X	Floor Tile
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 11
City, State Newark, NJ		Disposal Date TBD	Name of Registered Waste Management Grows (aWM)
Completed by Tom Joiner		Title Project Manager	Signature <i>Tom Joiner</i>
		Date 4/22/15	

NO CK



ONLY COMPLETION DATE IS
AMENDED!!!!

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

Date of Notification (1) 4-21-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC	
Agencies Notified	Type Notification	Street Address 50 Washington Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Hoboken, NJ 07030	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input type="checkbox"/> Other (i.e. private & com etc.)	
Street Address 207-213 NJ Railroad Ave.		Square Feet 6000	# of Floors 2
City (5) Harrison	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being de Abandoned Building for
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) 5-30-2015	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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Neg
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and No

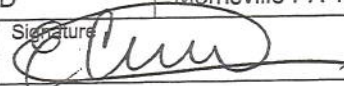
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)
	Yes	No	N/A		
Exterior - Windows			x	Tar	940 S
Roof			x	Membrane + Flashing + Tar	6,400
Roof Skylights			x	Mastic	90 S
2nd Fl. Hall Foyer + Kitchen			x	Floor Tile + Mastic	280 S

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered GROWS Landfill	
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 1	
Completed by E. Cirovic		Title Secretary		Signature 	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			
x			
x			
x			
Date 4-21-2015			

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

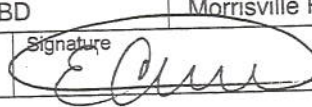
**only end date is amended*

Date of Notification (1) 4-21-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC			
Agencies Notified	Type Notification	Street Address 50 Washington Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 219 NJ Railroad Ave		Square Feet 3000	# of Floors 2		
City (5) Harrison		Bldg. Age 50+			
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Building for demo			
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) 4-18-2015		Scheduled Completion Date (11) 5-30-2015	Lic. No. 011		
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		Name of OSHA Monitor Loznica Management Corp			
		Street Address 22 Troy Lane			
		City, State, Zip Code Lincoln Park NJ 07035			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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 (Specify SF or LF)
	Yes	No	N/A		
Main Roof			x	Flashing	450 SF
Upper Roof			x	Flashing	100 SF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Riverdale, NJ		Disposal Date TBD	City, State Morrisville PA 19		
Completed by E. Girovic		Title Secretary	Signature 		

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			
x			
Date 4-21-2015			

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

* only end date is amended

Date of Notification (1) 4-21-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 Washington Street
			City, State, Zip Code Hoboken, NJ 07030
		Name of Contact	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 215-217 NJ Railroad Ave.		Square Feet 5000	# of Floors 2
City (5) Harrison		Current Use (Prior if being demolished) Abandoned Building for Demo	
County (6) Essex	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) 4-20-2015		Scheduled Completion Date (11) 5-30-2015	
Name of OSHA Monitor Loznica Management Corp		Street Address 22 Troy Lane	
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		City, State, Zip Code Lincoln Park NJ 07035	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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	
Exterior - 1 Window			Caulking
Main Roof			Tar
Lower Roof			Roof Membrane + Flashing
Lower Roof			Mastic
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD
City, State Riverdale, NJ		Name of Registered Waste Transfer Station GROWS Land	
Disposal Date TBD		City, State Morrisville PA	
Completed by E. Cirovic		Title Secretary	Signature 

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			
x			
x			
x			
Indefinite			
Date 4-21-2015			

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

Date of Notification (1) <u>4/21/15</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DRUGS</u>	
Agencies Notified		Street Address <u>8 CLERMONT</u>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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	
		City, State, Zip Code <u>CLERMONT, NJ</u>	
		Name of Contact <u>JIM</u>	
		Telephone _____	

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
RESIDENCE	<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)
Street Address	Square Feet
307 YALE AVE.	1000
City (5)	# of
CARE MOUNTAIN	
County (6)	County Code (7) (STATE USE ONLY)
CARLE MOUNTAIN	
	Current Use (Prior to abatement)
	VACANT

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>ALUMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE</u>

City, State, Zip Code	City, State, Zip Code MAPLE SHORE
-----------------------	--------------------------------------

Project Manager for Monitoring Firm:	Telephone No.	Telephone No.	Location
		856-779-0422	

Start Date: 10/1/15	Scheduled Completion Date (11): 5/19/15	Name of OSHA Monitor: JOSEPH KLEMM
---------------------	---	------------------------------------

3/4/95	3/4/95	Street Address 369 S. SPRUCE A
Occupancy Status During Abatement (Check only one)		City, State, Zip Code MAPLE SHADE,
<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)

☒ ≥ 3 sl or ≥ 3 ll
☒ ≥ 160 sl or ≥ 260 ll

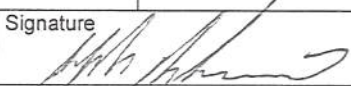
☐ Renovation
☒ Demolition

☐ Full Containment with Negative
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted ("I") and Non-Fri

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)	Name of Registered Abatement Firm (14)
	Yes	No	N/A		
ROOFING				TRANSITE	1

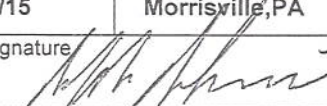
Name of Registered Waste Hauler KLEMM INC.	RDSEP Waste Hauler D No. 17924	Cubic Yards of Waste 5	Name of Registered Waste Hauler C, M, C
City, State MAPLE SHADE, N.J. 08052	Disposal Date	City, State WOODB	
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	

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

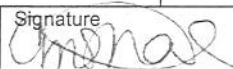
Date of Notification (1) <div style="text-align: center;">4 / 7 / 15</div>		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 Prospect Street City, State, Zip Code Passaic, NJ 07055 Name of Contact Alex Baylor
			Telephone Number
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address 133 Prospect Street		Square Feet 10,000	# of Floors 2
City (5) Passaic		County Code (7) (STATE USE ONLY)	
County (6) Passaic		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870	Telephone No. 718-605-6256
Start Date (10) 04 / 27 / 15		Scheduled Completion Date (11) 12 / 30 / 15	License No. 0071
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: 5:00PM-2:30AM		Name of OSHA Monitor Testor Tech	
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		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 20
City, State Hackettstown, NJ		Name of Registered Landfill G.R.O.W.S., Inc.	
Disposal Date 3/16/15		City, State Morrisville, PA	
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager	Signature 

Date 04-10-2015			
Bldg. Age 50			
Commercial buildings, homes, etc.)			
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

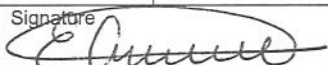
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <div style="text-align: center;">4 / 7 / 15</div>		Name of Building Owner/Operator (2) Verizon				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 133 Prospect Street City, State, Zip Code Passaic, NJ 07055 Name of Contact Alex Baylor				
<div style="text-align: center;">FACILITY INFORMATION</div>						
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other <input checked="" type="checkbox"/> Other (i.e., private ar homes, etc.)				
Street Address 133 Prospect Street		Square Feet 10,000				
City (5) Passaic		# of 2				
County (6) Passaic		County Code (7)(STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) JVN Restoration Inc				
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road				
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309				
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870				
Start Date (10) 04 / 27 / 15		Scheduled Completion Date (11) 12 / 30 / 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: 8:00AM-4:00PM / ____ PM- ____ AM		Name of OSHA Monitor Testor Tech				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative P <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friab				
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)	A (S) SF	Abatement Type
	Yes	No	N/A			
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	28	SF
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 20	Name of Registered L G.R.O.W.S., Inc.	
City, State Hackettstown, NJ		Disposal Date 3/16/15		City, State Morrisville, PA		
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 04-07-15

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

Date of Notification (1) April 20, 2015		Name of Building Owner/Operator (2) Fair Haven Fire Company		Year of Construction 2013					
Agencies Notified	Type Notification	Street Address 645 River Road		City, State, Zip Code Fair Haven, NJ 07704					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Perrotto		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fair Haven Fire Company			Type of Facility (4)						
Street Address 645 River Road			<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 & c						
City (5) Fair Haven			Square Feet 10,000	# of Floors 2	Bldg. Age 100				
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being used for other than Fire Company)						
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 12					
Start Date (10) May 1, 2015		Scheduled Completion Date (11) May 2, 2015		Name of OSHA Monitor EMSL Laboratories					
Occupancy Status During Abatement (Check Only One)			Street Address 200 Route 130 North						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<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 N					
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)	Abatement Type				
	Yes	No				N/A	Removal	Repair	Encapsulate
Basement		XXX	Pipe Insulation	125	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 5/2/2015	City, State Newburg, PA						
Completed by Christina Lynch		Title Operations Manager	Signature 		Date 4/20/2015				

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

Date of Notification (1) 4-20-2015		Name of Building Owner/Operator (2) Mount Vernon Baptist Church CDC 2015 APR 24	
Agencies Notified	Type Notification	Street Address 709 Clinton 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 Newark NJ 07108	
		Name of Contact Shante	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 & commercial buildings, homes, etc.)	
Street Address 882 S. 14th Str		Square Feet 1500	# of Floor 2
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being derelict) 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 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) 4/30/2015		Scheduled Completion Date (11) 5/1/2015	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 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 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) In Facility (13) <u>TO BE ABATED</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)	Amount (Specify SF or LF)
Basement		Asbestos Pipe Insulation	100 LF
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 19056
Completed by E. Cirovic	Title Secretary	Signature 	
		Date 4/20/2015	

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

Date of Notification (1) April 21, 2015		Name of Building Owner/Operator (2) South Jersey Gas			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 1648 12th Street		City, State, Zip Code Folsom, New Jersey 08037			
Name of Contact John Castellani		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Swedesboro MGP Site		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 98 Bridgeport Ave.		Square Feet 1500	# of Floors 3		
City (5) Woolwich		Bldg. Age 117			
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Bldg.		
Name of Monitoring Firm Hired by Building Owner (8) GEI		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.		
Street Address 18000 Horizon Way Suite 200		Street Address 164 Getty Ave.			
City, State, Zip Code Mount Laurel, New Jersey 08054		City, State, Zip Code Clifton, New Jersey 07011-0224			
Project Manager for Monitoring Firm Mr. Dave O'Donnell		Telephone No. 856-608-6860	Telephone No. 973-478-4848		
Start Date (10) May 4th, 2015		Scheduled Completion Date (11) May 30, 2015			
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 checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm		Name of OSHA Monitor Slavco Construction Inc.			
Street Address 164 Getty Ave.		City, State, Zip Code Clifton, New Jersey 07011-0224			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure 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	Transite	6S
First Floor Bedroom next to Bathroom			X	Black Covebase Material	38L
First Floor Kitchen			X	Brown & Black Covebase Glue	20L
Second Floor Kitchen			X	Tan/Green Linoleum (under carpet)	220
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Waste Handler G.R.O.W.S. Lar...	
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa	
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>		
					Date 4/21/15

CONTINUATION SHEET

OK = 5000

Human Studies

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;">To be determined</div>		Name of Building Owner/Operator (2) State of New Jersey DPMC	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	P O Box 034	Trenton, NJ 08625
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone
		John Tisa	

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AC Wagner Youth Facility			Type of Facility (4)	
Street Address 500 Ward Avenue			<input type="checkbox"/> School	
			<input type="checkbox"/> Subchapter S, private & commercial buildings, etc.)	
City Bordentown	County (6) Burlington	County Code (7) (STATE USE ONLY)	Square feet 50,000 sf	# of Current Use (Prior if being demolished) Youth Facility
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 344 West State Street			Street Address 1889 Route 9	
City, State, Zip Code Trenton, NJ 08618			City, State, Zip Code Toms River, NJ	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone Number 609-656-8101	Telephone Number 732-349-9932	
Scheduled Start Date (10) 4/27/15		Scheduled Completion Date (11) 6/30/15	Name of OSHA Monitor E.M.S.L. Analyst	
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>Exterior Abatement</u>			Street Address 1056 Stelton Road	
			City, State, Zip Code Piscataway, NJ	
			Jersey 08854	
			ve Pressure	
Scope of Work (Check all that apply)				
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure				

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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)	Area (Square Feet)
Exterior	X	Window caulk & glazing	375
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 40
City, State Toms River, New Jersey		Disposal Date 7/1/15	City, State Tullytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola		Signature <i>Nicholas Fernicola</i>	

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

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

Emergency

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

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Date of Notification (1) 4/20/15		Name of Building Owner/Operator (2) Gail & Robert Feliciano Private Home	
Agencies Notified	Type Notification	Street Address 163 Flamingo Rd.	
<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 Tuckerton NJ 08087	
		Name of Contact Gail	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gail & Robert Feliciano 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 163 Flamingo Rd.		Square Feet 1000+	# of Bldg. Age 1 35+
City (5) Tuckerton NJ 08087		Current Use (Prior if being demolished)	
County (6) Ocean	County Code (7) (STATE USE ONLY)	House	
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) 4/21/15	Scheduled Completion Date (11) 4/24/15	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	
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	
Exterior Siding			X
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State Elm NJ		Disposal Date 4/25/15	Name of Registered Waste Management Facility G.R.O.W.S.
Completed by Anthony T Perna		Title President	Signature
		Date 4/20/15	

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 20, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Clayton Concrete</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">194 Chestnut Street</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<div style="text-align: center;">Toms River, NJ 08753</div>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<div style="text-align: center;">Bill</div>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Building</div>			Type of Facility (4)	
Street Address			<input type="checkbox"/> School	
<div style="text-align: center;">1125 East Veterans Highway</div>			<input type="checkbox"/> Subclass	
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of
<div style="text-align: center;">Jackson</div>	<div style="text-align: center;">Ocean</div>		<div style="text-align: center;">2400 sf</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Guardian Contracting</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
Street Address			Street Address	
<div style="text-align: center;">1889 Route 9, Unit 61</div>			<div style="text-align: center;">1889 Route 9</div>	
City, State, Zip Code			City, State, Zip Code	
<div style="text-align: center;">Toms River, NJ 08755</div>			<div style="text-align: center;">Toms River, NJ 08755</div>	
Project Manager for Monitoring Firm <div style="text-align: center;">Nicholas Fernicola</div>		Telephone Number <div style="text-align: center;">732-349-9932</div>	Telephone Number <div style="text-align: center;">732-349-9932</div>	
Scheduled Start Date (10) <div style="text-align: center;">4/21/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">4/28/15</div>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Anderson</div>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			<div style="text-align: center;">1056 Stelton</div>	
<input type="checkbox"/> Other - Describe _____			City, State, Zip Code	
			<div style="text-align: center;">Piscataway, NJ 08854</div>	
Scope of Work (Check all that apply)				
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition				
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and NESHAP Variable 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)	Area (Square Feet) (Sp)
	YES	NO	N/A		
Exterior house		X		Asbestos roofing	240
Interior		X		Tranite ceiling panels	240
Exterior		X		Window caulking	201
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> City, State: <div style="text-align: center;">Toms River, New Jersey</div> Disposal Date: <div style="text-align: center;">4/29/15</div> Cubic Yards of Waste: <div style="text-align: center;">3</div> City, State: <div style="text-align: center;">Tullytown, Pennsylvania</div> Name of Registered Landfill: <div style="text-align: center;">T.R.R.F.</div> Completed by (Print or Type): <div style="text-align: center;">Nicholas Fernicola</div> Title: <div style="text-align: center;">Project Manager</div> Signature:					

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

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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			
	X			
	X			

Date

4/20/15

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

Date of Notification (1) 4-21-15		Name of Building Owner/Operator (2) Patty Jaeger	
Agencies Notified	Type Notification	Street Address 148 Midland Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Patty Jaeger	
<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 (over than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial building, homes, etc.)	
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Bldg. Age
			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) 5-2-15	Sched. Completion Date (11) 5-4-15	Name of OSHA Monitor N/A		

Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<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 checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> >160 sf or >260 lf	<input 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)
	Yes	No	N/A		
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	45

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 5-5-15	City, State Morrisville,	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CV</i>
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Pressure

Abatement Type			
REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
<input checked="" type="checkbox"/>			

Waste

Date 19067

Date 4-21-15

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

B & G proj. #: 2015-69

Ch # 7182

Date of Notification (1) <u>04/21/15</u>		Name of Building Owner/Operator (2) <u>Kevin Smith</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>46 Condict Street</u>	
	City, State, Zip Code <u>Jersey City, NJ 07306</u>		
	Name of Contact <u>Kevin Smith</u>	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Kevin Smith</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address <u>46 Condict Street</u>			Square Feet	# of Floors
City (5) <u>Jersey City</u>	County (6) <u>Hudson</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>			Current Use <u>residential</u>	
Street Address			Prior if being demolished	
City, State, Zip Code				
Project Manager for Monitoring Firm		Phone Number	License Number <u>00378</u>	
Scheduled Start Date (10) <u>05/11/2015</u>	Sched. Completion Date (11) <u>05/12/2015</u>		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</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- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>	
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Spec LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
basement			<input checked="" type="checkbox"/>	pipe insulation	112 lf		<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>05/12/2015</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>04/21/2015</u>

B & G proj. #: 2015-75

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

Ch # 7181

Date of Notification (1) 04/21/15		Name of Building Owner/Operator (2) Ann Jacobsen	
Agencies Notified	Type Notification	Street Address 32 Hepburn Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Clifton, NJ 07012	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Ann Jacobsen	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ann Jacobsen			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> State Building <input checked="" type="checkbox"/> Other (Private/Commercial/Homes, etc.)	
Street Address 32 Hepburn Road			Square Feet	
City (5) Clifton	County (6) Passaic	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Current Use residential	
Street Address		Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code		Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm		City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number		Telephone Number (973)696-6869		
Scheduled Start Date (10) 05/04/2015		Sched. Completion Date (11) 05/05/2015		
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor B & G Restoration, Inc.		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		Street Address 105 Ryerson Road		
<input type="checkbox"/> Abatement performed outside of normal facility hours-Describe:		City, State, Zip Code Lincoln Park, NJ 07035		
<input type="checkbox"/> Other-Describe:				

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Spec LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2½	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/05/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/21/2015

B & G proj. #: 2015-74

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

Ch # 7180

Date of Notification (1) <u>10/14/12</u> / <u>11/11/15</u>		Name of Building Owner/Operator (2) <u>Grace Pierre-Louis</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>15 Linden Avenue</u>	
		City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
		Name of Contact <u>Grace Pierre-Louis</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Grace Pierre-Louis</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> State/Local Government <input checked="" type="checkbox"/> Other (Private/Commercial/Industrial/Homes, etc.)	
Street Address <u>15 Linden Avenue</u>			Square Feet _____	
City (5) <u>Bloomfield, NJ 07003</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use residential _____	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address _____			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code _____			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>(973)696-6869</u>	
Scheduled Start Date (10) <u>05/01/2015</u>		Sched. Completion Date (11) <u>05/02/2015</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>	
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

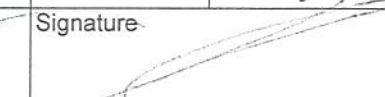
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Spec LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	8 lf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	27 lf		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>05/04/2015</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>04/21/2015</u>

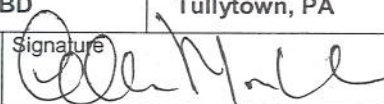
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

HECK # _____

Date of Notification (1) April 22, 2015		Name of Building Owner / Operator (2) Rational Real Estate XVIII, LLC.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1 Jericho Plaza City, State & Zip Code Jericho, New York 11753 Name of Contact Mitchel Baffa							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		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							
Street Address 168 Bloomfield Avenue		Square Feet 5,000	# of Floors						
City (5) Bloomfield	County (6) Essex	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resol						
Street Address		Street Address 874 Piney Hollow Road, P							
City, State & Zip Code		City, State & Zip Code Winslow, New Jersey 080							
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-567-0600						
Scheduled Start Date (10) 4-22-15	Scheduled Completion Date (11) 5-6-15		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: Facility Occupied During Abatement		Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempt and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Roofing Material	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 20 CY	Name of Registered Landfill Salem County Landfill					
City, State Berlin, New Jersey		Disposal Date 5-6-15	City, State Alloway Town						
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 		Date 4-22-15				

Telephone Number	
Bldg. Age +40 years	
License Number 01263	
Amount (Specify SF or LF)	
Abatement Type	
Removal	
Repair	
Encapsulate	
Enclosure	
Landfill	
Landfill	
City, State Jersey, New Jersey	
Date 4-22-15	

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

Date of Notification (1) 4 / 21 / 15		Name of Building Owner/Operator (2) New Jersey CVS Pharmacy, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Highland Park	
		City, State, Zip Code Cumberland, RI 02864	
		Name of Contact Damon Kozul	
<div style="text-align: center;">FACILITY INFORMATION</div>			
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1801 State Route 71		Square Feet	# of Floors
City (5) Belmar (Wall Twp), NJ 07719		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	Lic. No. 118
Start Date (10) 4 / 30 / 15	Scheduled Completion Date (11) 6 / 15 / 15	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable			
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	
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Black Mastic sealant
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Modified Bitumen
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Wall Flashing
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Chimney Flashing
Name of Registered Waste Hauler Future Sanitation		NJDEP Waste Hauler ID No. 220501	Cubic Yards of Waste As Needed
City, State Farmingdale, NJ		Disposal Date TBD	Name of Registered Landfill Grows Landfill
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature 
		Date 4/21/15	