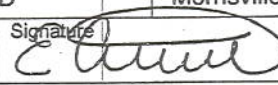
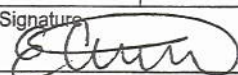


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/22/2015		Name of Building Owner/Operator (2) 220 Passaic Street Associates Corp	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 220 Passaic St	
		City, State, Zip Code Passaic, NJ 07055	
		Name of Contact	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Building #5 (AKA 21)		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 220 Passaic St		Square Feet 500	# of Floors 1
City (5) Passaic		Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
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) 5/1/2015		Scheduled Completion Date (11) 5/9/2015	Licens. No. 01193
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 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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	LINE DUMPSTERS & WASTE <input checked="" type="checkbox"/> Full Containment with Negative Air Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Facility
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Window Openings		x	Caulking
1st floor storage + office		x	VAT
2nd Fl office		x	VAT
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD
City, State Lincoln Park, NJ		Disposal Date TBD	Name of Registered Landfill GROWS Landfill
Completed by E. Cirovic		Title Secretary	Signature 
			Date 4/22/2015

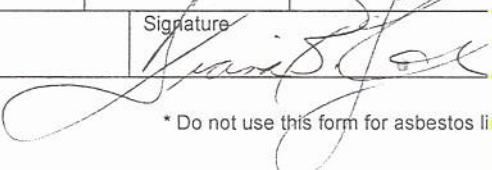
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK-1191

Date of Notification (1) 4/22/2015		Name of Building Owner/Operator (2) 220 Passaic Street Associates Corp							
Agencies Notified	Type Notification	Street Address 220 Passaic St							
<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 Passaic, NJ 07055							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building #6 (aka 20)		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 220 Passaic St		Square Feet 800	# of Floors 1						
City (5) Passaic		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
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) 5/1/2015		Scheduled Completion Date (11) 5/15/2015	Name of OSHA Monitor Loznica Management Corp						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 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"/> LINE DUMPSTERS & WE <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-F							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	coating on concrete	800 sf	x			
Metal Shed attached to bldg			x	wall / ceiling insulation	185 sf	x			
Between shed & bldg			x	asbestos pipe insulation	1 LF	x			
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		Disposal Date TBD	City, State Morrisville PA 1906						
Completed by E. Cirovic		Title Secretary	Signature 		Date 4/22/2015				



**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) Beth Tuxhorn		Check # 2016	
Agencies Notified		Type Notification		Street Address	
<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		315 Garden St.	
				City, State, Zip Code Mt. Holly, NJ 08060	
		Name of Contact Beth Tuxhorn		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Tuxhorn Residence				Type of Facility (4)	
Street Address 315 Garden St.				<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.)	
City (5) Mt. Holly				Square Feet 2,000	# of Floors 2
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
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	Lic. No. 0082
Start Date (10) May 2, 2015		Scheduled Completion Date (11) May 5, 2015		Name of OSHA Monitor EMSL Laboratories	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		XXX		Pipe Insulation	75 LF
Basement		XXX		Pipe Insulation	40 SF
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 5/5/2015		City, State Newburg, PA	
Completed by Diana B. Lynch		Title Owner		Signature 	
				Date 4/20/2015	

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State of New Jersey

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) Montclair Board of Education	
Agencies Notified	Type of Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	22 Valley Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Emergency	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amended Notification #1	Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Len Saponara	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Watchung School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 14 Garden St.			Square Feet 90000	# of Floors 2	Bldg. Age ~ 60
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc.		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 300 Grand Ave.			Street Address 323 Changebridge Road		
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Stephen J.		Telephone Number 201-569-6708	Telephone Number 973-575-8700		
Scheduled Start Date (10) 2/14/15	Sched. Completion Date (11) 12/31/15	Name of OSHA Monitor J & S Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings/weekends</u> <input checked="" type="checkbox"/> Other – Describe: partially vacated			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specified or LF	Abatement Type			
	Yes	No	N/A			R	R	E	E
Basement storage and room 21		X		Pipe insulation	9	x			
Various		x		Pipe insulation	12		x		
Various		x		Floor tile	30	x			

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 5	Name of Registered Landfill Minerva Landfill
City, State Pine Brook, NJ	Disposal Date 2/28/15 plus	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	
Date 4/20/15			

ASB-41  
Note: Phased Project. First phase is scheduled to start on 2/14/15 and be completed on 2/17/15. It involves removal of 9LF of pipe insulation from Room 21 and basement storage. Amendments will be sent for other phases.

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NOCK

State of New Jersey  
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) MERCK SHARP & DOHME CORP.			
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			
<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 Notification <input checked="" type="checkbox"/> Amended Notification #8 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact MIKE LATRONICA		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commercial)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33				Square Feet 96,000	# of Floors 7
City (5) RAHWAY		County (6) UNION		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 11
Expected State Date (10) 11 / 5 /14 Month Day Year		Sched. Completion Date (11) 8 / 15 /15 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC. #11480	
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 checked="" type="checkbox"/> Other - Describe: MONDAY-SATURDAY 5AM-1:30PM				Street Address 117 EAST 30TH STREET	
				City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
4TH FLOOR ROOM 406		X		SPRAY ON INSULATION 80 SF	
ADDITION TO SCOPE:					
ROOF		X		BUILT UP ROOFING 16,000 SF	
REDUCTION IN SCOPE (SEE BELOW)					
4TH FLOOR ROOM 418		X		SPRAY ON INSULATION 40 SF	
5TH FLOOR ROOM 551		X		SPRAY ON INSULATION 40 SF	
6TH FLOOR ROOM 613		X		SPRAY ON INSULATION 40 SF	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 320	
Disposal Date 9/15-08/15/2015		Name of Registered Landfill LYCOMING COUNTY RESOL 447 ALEXANDER DRIVE/ROU MONTGOMERY, PA 17752		Waste Management Ser 15	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature [Signature]	

4/21/15

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

Check # 7795

Date of Notification (1) 4/20/15		Name of Building Owner/Operator (2) Stevens University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address Castle Point on Hudson	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact David Hernandez	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Stevens University – Library Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)	
Street Address Castle Point on Hudson			Square Feet 80000	# of Floors 3
City (5) Hoboken	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office/lab/classroom	
Name of Monitoring Firm Hired by Building Owner Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.	
Street Address 3 Crosswicks St.			Street Address 323 Changebridge Road Suite 100	
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Pine Brook, NJ 07058	
Project Manager for Monitoring Firm Michael Hoodak		Telephone Number 609-847-2958	Telephone Number 973-575-8700	
Scheduled Start Date (10) 5/1/15	Sched. Completion Date (11) 12/31/15		Name of OSHA Monitor J & S Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West	
			City, State, Zip Code Union, NJ 07083	

## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf
- ☐ Renovation  
☐ Full Containment  
☒ 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)	Abatement Type				
	Yes	No	N/A			R	R	E	E	E
Various		x		TSI	100 LF	X	x			
Various		x		VAT	100 SF	X				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 20	Name of Registered Landfill Minerva Landfill
City, State Pine Brook, NJ	Disposal Date 5/8/15 +	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 4/20/15

ASB-411 **Note:** Phased project. First phase is scheduled to start on 5/1/15 with anticipated completion on 5/5/15; VAT (110 SF) is scheduled for removal from basement IT room. Amended notifications will be sent for other phases.



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

Check # 7796

Date of Notification (1) <b>4/20/15</b>		Name of Building Owner/Operator (2) <b>Jeff and Jo Ann Chaus</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>25 Sunflower Drive</b>	
	City, State, Zip Code <b>Upper Saddle River, NJ 07458</b>		
	Name of Contact <b>Jo Ann Chaus</b>	Telephone Number	


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.)	
Street Address <b>10 Vista Lane</b>			Square Feet <b>1000</b>	# of Floors <b>1</b>
City (5) <b>Edgewater</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Bldg. Age <b>~ 70</b>	
Name of Monitoring Firm Hired by Building Owner <b>N/A</b>			Current Use (Prior if being demolished) <b>residence</b>	
ASCM No. <b>000</b>		Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address		Street Address <b>323 Changebridge Road Suite 100</b>		
City, State, Zip Code		City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm		Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/2/15</b>	Sched. Completion Date (11) <b>5/9/15</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>		Street Address <b>2333 Route 22 West</b>		
		City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Demolition                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment              | <input type="checkbox"/> Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If |                                     | <input checked="" type="checkbox"/> Mini – Enclosure   |  |
| <input type="checkbox"/> ≥160 sf or ≥260 If        |                                     | <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)	Abatement Type			
	Yes	No	N/A			R	R	E	E
basement		x		TSI	LF	X			
basement		x		TSI	SF	X			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>5/8/15</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>		Signature 	
				Date <b>4/20/15</b>	

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

Date of Notification (1) <b>4-22-15</b>		Name of Building Owner/Operator (2) <b>Jennifer Colon</b>	
Agencies Notified	Type Notification	Street Address <b>3 Barnett Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Bloomfield, NJ, 07003</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Jennifer Colon</b>	
<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) <b>Same as above</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address		Square Feet	# of Floors Bldg. Age
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) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>5-4-15</b>	Sched. Completion Date (11) <b>5-5-15</b>		Name of OSHA Monitor <b>N/A</b>	
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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
<b>Basement</b>			<b>X</b>	<b>Boiler</b>	<b>20</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Inspector <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-6-15</b>	City, State <b>Morrisville, NJ 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>CVivian</i>		Date <b>4-22-15</b>



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

Date of Notification (1) <b>4-22-15</b>		Name of Building Owner/Operator (2) <b>Mr. LiVigne (Katharina)</b>	
Agencies Notified	Type Notification	Street Address <b>452 Upper Mountain Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Mr. LiVigne (Katharina)</b>	
<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) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm			Telephone Number <b>(973) 744-8800</b>		
Telephone Number <b>N/A</b>			License Number <b>00371</b>		
Scheduled Start Date (10) <b>5-16-15</b>		Sched. Completion Date (11) <b>5-18-15</b>		Name of OSHA Monitor <b>N/A</b>	
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)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>110</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-6-15</b> <b>5-19-15</b>	City, State <b>Morrisville, NJ 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>		Date <b>4-22-15</b>

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

CK# 5578

Date of Notification (1) <b>4-22-15</b>		Name of Building Owner/Operator (2) <b>B. LERNER</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 CLIFFSIDE DRIVE</b> City, State, Zip Code <b>LIVINGSTON, NJ 07039</b> Name of Contact <b>B LERNER</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>B. LERNER</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>30 CLIFFSIDE DRIVE</b>		Square Feet <b>2500</b>	# of Floors <b>2</b>
City (5) <b>LIVINGSTON</b>		Bldg. Age <b>52 yrs</b>	
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>0038</b>
Start Date (10) <b>5-4-15</b>	Scheduled Completion Date (11) <b>5-5-15</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable P			
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	
<b>LAUNDRY ROOM</b>			<b>VAT</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>140</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5-5-15</b>	City, State <b>Waynesburg, OH</b>
Completed by <b>A. Veldran</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	

ASB-41

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



MO#22742777272

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

Date of Notification (1) 04 / 22 / 15		Name of Building Owner/Operator (2) Saverio Camporeale	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 173 Village Road		City, State, Zip Code South Orange, NJ 07079	
Name of Contact Saverio Camporeale		Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private and commercial homes, etc.)	
Street Address 173 Village Road		Square Feet	# of Floors
City (5) South Orange, NJ 07079		Bldg. Age	
County (6) Essex		County Code (7) (STATE USE ONLY)	
Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470
Start Date (10) 05 / 01 / 15		Scheduled Completion Date (11) 05 / 02 / 15	Telephone No. 973-638-1777
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		License No. 01127	
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"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Producture	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pipe insulation			15 LF
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Duct insulation			20 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD
City, State Wayne, NJ 07470		Name of Registered Landfill T.R.R.F. Inc	
Completed By (Print or Type) N.Jevtic		Title Owner	Disposal Date TBD
Signature <i>N. Jevtic</i>		City, State Tullytown, PA	
Date 4/22/2015			

Project #

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

Check # 930


Date of Notification (1) 04/20/2015		Name of Building Owner/Operator (2) Realty Inside LLC	
Agencies Notified	Type Notification	Street Address 47 Distler Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Caldwell, NJ 07006	
		Name of Contact Kevin Burkhart	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)	
Street Address 84 Hillside Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Chester, NJ		Square Feet 1154	# of Floors 2
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 1840
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC
Street Address		Street Address 72 Brookside Rd	
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm		Telephone No. 973-933-2550	Lic. No. 0113
Start Date (10) 04/30/2015		Scheduled Completion Date (11) 05/04/2015	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 RT 22	
		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <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	
Basement area		<input checked="" type="checkbox"/>	TSI- Wrap & cut
House & garage		<input checked="" type="checkbox"/>	Shingles
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD
City, State Randolph, NJ		Disposal Date TBD	Name of Registered L... G.R.O.W.S
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>
			Date 4/20/2015



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

Date of Notification (1) 3-19-2015		Name of Building Owner/Operator (2) Temple Beth-El	
Agencies Notified	Type Notification	Street Address 2419 John F. Kennedy Blvd.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07304	
		Name of Contact Kay Magilavy	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than residential buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2435 John F. Kennedy Blvd.		Square Feet 3500	# of Floors 2
City (5) Jersey City, NJ 07304		Bldg. Age 70+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	Lic. No. 0114
Start Date (10) 4-2-2015	Scheduled Completion Date (11) 4-3-2015	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement		X	pipe insulation
Basement		X	VAT
2nd floor		X	VAT
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5
City, State Jersey City, NJ		Disposal Date 4-3-2015	Name of Registered Waste Landfill G.R.O.W.S. No. 1 landfill
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>
		Date 3-19-2015	

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) James Lewis Private Home	
Agencies Notified	Type Notification	Street Address 55 Oak Ave	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Manahawkin NJ 08050	
		Name of Contact James	Telephone Number 303-303-1
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) James Lewis Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 55 Oak Ave		Square Feet 1000+	# of Floors 1.5
City (5) Manahawkin NJ 08050		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 000027
Start Date (10) 5/1/15	Scheduled Completion Date (11) 5/7/15	Name of OSHA Monitor same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Siding			x
through-out			x
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4
City, State Elm NJ		Disposal Date 5/7/15	Name of Registered Landfill G.R.O.W.S.
Completed by Anthony T Perna		Title President	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) 4-21-2015		Name of Building Owner/Operator (2) Jefferson Street, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 1013	
		City, State, Zip Code Township of Washington, NJ 07676	
		Name of Contact Thomas Jones	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 409 Jefferson Street		Square Feet 2850	# of Floors 3
City (5) Hoboken, NJ 07030		Bldg. Age 94+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASC No. _____	Name of Abatement Contractor (9) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 0114
Start Date (10) 4-22-2015	Scheduled Completion Date (11) 4-23-2015	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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)
	Yes	No	
Roof		X	ACM roof
Stairways		X	Floor tile
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5
City, State Jersey City, NJ		Disposal Date 4-23-2015	Name of Registered Landfill G.R.O.W.S. North Morrisville, PA
Completed by Liliana Serrano	Title Office Manager	Signature <i>Liliana Serrano</i>	Date 4-21-2015

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

Check # 11640

Date of Notification (1) <b>4-21-15</b>		Name of Building Owner/Operator (2) <b>PNC Realty Services</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1921 Washington Valley Road</b> City, State, Zip Code <b>Martinsville, NJ 08836</b> Name of Contact <b>Ms. Brennan Quagliana</b>							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PNC Bank</b>		Type of Facility (4)							
Street Address <b>76 Nassau Street</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Princeton</b>		Square Feet <b>5,800</b>	# of Floors <b>2</b>						
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Bank</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>PT Consultants, Inc.</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>629 Creek Road</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Bellmawr, NJ 08031</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Brian Havanki</b>		Telephone No. <b>856-251-9980</b>	License No. <b>0398</b>						
Start Date (10) <b>5-2-15</b>	Scheduled Completion Date (11) <b>5-6-15</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>923 Haws Avenue</b>							
<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 <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		x		floor tile	250 SF	x			
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Voorhees, NJ</b>		Disposal Date <b>5-6-15</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>David Rowley</b>		Title <b>Project Manager</b>	Signature 		Date <b>4-21-15</b>				



CK 3591

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

Date of Notification (1) 04/22/15 CK# \$200		Name of Building Owner/Operator (2) Hunterdon Health			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation			
Street Address 2100 Wescott Drive		City, State, Zip Code Flemington, New Jersey 08822			
Name of Contact Bob Williams		Telephone			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Hunterdon Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 2100 Wescott Drive		Square Feet 20,000	# of Floors 3		
City (5) Flemington, New Jersey 08822		Bldg. Age 55+			
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 3 Crosswicks Street		Street Address 606 McBride Avenue			
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Douglas Ferry		Telephone No. 609-298-5520	Telephone No. 973-225-3400		
Start Date (10) 04/23/15		Scheduled Completion Date (11) 04/25/15	Name of OSHA Monitor J&S Environmental Labs Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 280 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 (**) and Non-Exempted (***)					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
4th FL Hallway		X		Popcorn Ceiling	120 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 04/27/15		City, State Morrisville, Pennsylvania	
Completed by Momo Glavotovic		Title Vice President		Signature 	

Print Form			
DAY			
2015			
WED			
APR			
2:41			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Abatement Procedure			
Pressure			
Procedure			
Date			
4/22/15			

CK 1019

Print Form

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

Paid: 4-27-15  
Amount: 2000.00


Check Number 1019  
Memo: Garage Job 151

Date of Notification (1) 4/22/2015		Name of Building Owner/Operator (2) Wallace Mooncai		Check Number	
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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		28 Lincoln Street	
		City, State, Zip Code Roseland NJ 07068		City, State, Zip Code	
		Name of Contact Wallace Mooncai		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Wallace Mooncai				Type of Facility (4)	
Street Address 28 Lincoln 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) Roseland				Square Feet 2770	# of Bldg. Age 2 47
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Home	
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental Services			ASCM No.	Name of Abatement Contractor Shoreline Contracts	
Street Address 9 Prince William Road			Street Address 13 Fullerton Ave		
City, State, Zip Code Marlboro NJ 07751			City, State, Zip Code Yonkers NY 10704		
Project Manager for Monitoring Firm Frank Tamargo			Telephone No. 732 617 9279	Telephone No. 914 9660033	
Start Date (10) 5/6/2015		Scheduled Completion Date (11) 5/12/2015		Name of OSHA Monitor Stalin Brito	
Occupancy Status During Abatement (Check Only One)				Street Address 13 Fullerton Street	
<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 Yonkers NY 10704	
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 Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF)
	Yes	No	N/A		
Basement		X		VAT	800 sq Ft
Name of Registered Waste Hauler Asbestos Transportation Company Inc			NJDEP Waste Hauler ID No. 1a-371	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises LLC
City, State Shirley NY			Disposal Date		City, State Waynesburg Ohio
Completed by Steve Duffy		Title Project Manager		Signature	Date 4/22/2015



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

CK 2792

Date of Notification (1) 4/23/15		Name of Building Owner/Operator (2) Perry Pavicic Private Home							
Agencies Notified	Type Notification	Street Address 32 N 2nd Street							
<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 Surf City NJ 08008							
		Name of Contact Perry	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Perry Pavicic Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 32 N 2nd Street		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08008							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 4/24/15	Scheduled Completion Date (11) 4/28/15	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 Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	200	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.	9067				
City, State Elm NJ		Disposal Date 4/28/15	City, State Morrisville PA						
Completed by Anthony T Perna		Title President	Signature 		Date 4/23/15				

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

Date of Notification (1) <b>4-22-15</b>		Name of Building Owner/Operator (2) <b>Barry Cope</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>80 Glen Ave.</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	<b>West Orange, NJ, 07052</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Barry Cope</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4)	
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
			Square Feet	# of Floors
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	<b>5500</b>	<b>2</b>
Current Use (Prior if being demolished)				

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address		
		<b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code		
		<b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number	
		<b>N/A</b>	<b>(973) 744-8800</b>	
Scheduled Start Date (10)		Sched. Completion Date (11)	Name of OSHA Monitor	
<b>5-5-15</b>		<b>5-15-15</b>	<b>N/A</b>	
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement furnace area			X	Pipe Insulation	60 lf	X			
Crawl Space			X	Pipe Insulation	350 lf	X			
Laundry Area			X	Pipe Insulation	35 lf	X			

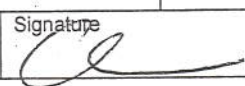
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-18-15</b>	City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CV</i>		Date <b>4-22-15</b>



Emergency

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

CHECK 4789

Date of Notification (1) 4/21/15		Name of Building Owner/Operator (2) Nick Todaro Private Home			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 138 South Captains	
		City, State, Zip Code Little Egg Harbor NJ 08087			
		Name of Contact Nick		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Nick Todaro Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 138 South Captains				Square Feet 1000+	
City (5) Little Egg Harbor NJ 08087				# of Floors 1	
County (6) Ocean				Bldg. Age 35+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329			
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No. 856-753-9800		License No. 727	
Start Date (10) 4/22/15		Scheduled Completion Date (11) 4/23/15		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 Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
under foundation				200 SF	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	
City, State Elm NJ		Disposal Date 4/23/15		Name of Registered Landfill G.R.O.W.S.	
Completed by Anthony T Perna		Title President		Signature 	
				Date 4/21/15	

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) Temple Beth-El	
Agencies Notified	Type Notification	Street Address 2419 John F. Kennedy Blvd.	
<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 Jersey City, NJ 07304	
		Name of Contact Kay Magilavy	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2435 John F. Kennedy Blvd.		Square Feet 3500	# of Floors 2
City (5) Jersey City, NJ 07304		Bldg. Age 70+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	Lic. No. 014
Start Date (10) 4-21-2015	Scheduled Completion Date (11) 4-21-2015	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and 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)
	Yes	No	
First floor		X	Floor tile
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 4
City, State Jersey City, NJ		Disposal Date 4-21-2015	Name of Registered Landfill G.R.O.W.S. No. 1 landfill
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>
		Date 4-20-2015	



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

Date of Notification (1) <u>4/21/15</u>		Name of Building Owner/Operator (2) <u>La Placa</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>29 Cleveland Lane</u> City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Trinna La Placa BenMoussa</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>29 Cleveland Lane</u>		Square Feet <u>3500</u>	# of Floors <u>3</u>
City (5) <u>Princeton, NJ 08542</u>		Bldg. Age <u>90+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>4 Berkely Place</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08101</u>	
Project Manager for Monitoring Firm <u>Dave Bonocore</u>	Telephone No. <u>(732) 740-8408</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/22/15</u>	Scheduled Completion Date (11) <u>4/24/15</u>	Name of OSHA Monitor <u>DB Environmental</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>4 Berkely Place</u> City, State, Zip Code <u>Freehold, NJ 07728</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	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		
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Thermal Tank Insulation</u>	<u>30 sf</u>
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Thermal Duct Insulation</u>	<u>10 sf</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/24/15</u>	Name of Registered Landfill <u>GROW</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
			Date <u>4/21/15</u>

1 Front Back  
1 2

CK 3656

Print Form

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

Date of Notification (1) <b>4-23-15</b>		Name of Building Owner/Operator (2) <b>Anthony Demolition LLC</b>	
Agencies Notified <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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>22 English Ln</b>		City, State, Zip Code <b>Egg Harbor NJ</b>	
Name of Contact <b>Steve A</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>266 West Shore Dr</b>		Square Feet	
City (5) <b>Brigantine</b>		# of Floors	
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10)		Scheduled Completion Date (11)	
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 type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Self</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)		Abatement Type Removal Repair Encapsulate Enclosure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>outside</b>		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) <b>(ACM) Siding</b>		Amount (Specify SF or LF) <b>2000</b>	
Name of Registered Waste Hauler <b>Ani Sue LLC</b>		NJDEP Waste Hauler ID No. <b>35635</b>	
City, State <b>Delanco NJ</b>		Cubic Yards of Waste <b>200</b>	
Disposal Date <b>TBD</b>		Name of Registered Landfill <b>WPA of Pa</b>	
Completed by <b>J Hill</b>		Signature <b>[Signature]</b>	
Title <b>VP</b>		City, State <b>Tullytown Pa</b>	
Date <b>4-23-15</b>		Date <b>4-23-15</b>	



2 CK 3456

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

Date of Notification (1) 4-23-15		Name of Building Owner/Operator (2) Holy Trinity Parish	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	11 N Kenyon Ave	
		City, State, Zip Code Margate NJ 08427	
		Name of Contact Pat	Telephone
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Blessed Sacrament School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Jerome Ave		Square Feet 29000	# of Floors 2
City (5) Margate	County (6) Ocean	County Code (7) (STATE USE ONLY)	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ani Inc LLC
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08028	
Project Manager for Monitoring Firm		Telephone No. 609-346-0916	License No. C 076
Start Date (10) May 2 2015		Scheduled Completion Date (11) May 30th 2015	
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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor Self	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-F		Street Address	
		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 1st and 2nd Floors	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) Floor tile/plastic	Amount (Specify SF or LF) 6000.5
Name of Registered Waste Hauler Ani Inc LLC		NJDEP Waste Hauler ID No. 35635	Cubic Yards of Waste 2004
City, State Delanco NJ		Disposal Date TBD	Name of Registered Landfill WMA of PA
Completed by J Hill		Title VI	Signature [Signature]



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

Check # 9282

Date of Notification (1) <b>4-23-15</b>		Name of Building Owner/Operator (2) <b>Our Lady of The Mt. Paris</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>167 Mt Bethal Rd</b>						
		City, State, Zip Code <b>Warren NJ 07059</b>						
		Name of Contact <b>Michele Godleski</b>	Telephone Number <b>201-711-1100</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Our Lady of the Mt. Parish</b>		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 & commercial buildings, homes, etc.)						
Street Address <b>167 Mt Bethal Road</b>		Square Feet	# of Floors					
City (5) <b>Warren NJ 07059</b>			Bldg. Age					
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>					
Start Date (10) <b>5-4-15</b>	Scheduled Completion Date (11) <b>5-5-15</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 (Spec SF or %)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	X		Boiler Bricks	10	F	X		
			Boiler exhaust Packing	1	F	X		
			Pipe Insulation	100	F	X		
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Waste Management of PA <b>PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-6-15</b>	City, State <b>Morrisville</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>4-23-15</b>				



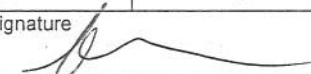
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 1283

Date of Notification (1) <b>4-23-15</b>		Name of Building Owner/Operator (2) <b>Kelly Construction</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3 Kelly Court</b>	City, State, Zip Code <b>Green Brook, NJ</b>					
		Name of Contact <b>Mike Murray</b>	Telephone Number <b>08812</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>1823 West 7th Street</b>		Square Feet	# of Floors <b>2</b>					
City (5) <b>Piscataway</b>	NJ 08854	Bldg. Age <b>60+-</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt, NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>20394</b>					
Start Date (10) <b>5-7-15</b>	Scheduled Completion Date (11) <b>5-7-15</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>1st Floor</b>		<b>X</b>		<b>500</b>	<b>F</b>	<b>X</b>		
<b>Basement</b>	<b>X</b>			<b>10</b>	<b>F</b>	<b>X</b>		
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-8-15</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>			Date <b>4-23-15</b>		

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

*Check* 3818

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) Jewish Community Center of Fort Lee							
Agencies Notified	Type Notification	Street Address 1449 Anderson 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact Martha Dawson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jewish Community Center of Fort Lee		Type of Facility (4)							
Street Address 1449 Anderson Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than school) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fort Lee		Square Feet 3000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 300 Grand Avenue		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-764-2276						
Start Date (10) 5/4/15		Scheduled Completion Date (11) 6/4/15	Lic. No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Regulated Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			x	pipe insulation	75 LF	x			
boiler room			x	pipe fittings on fiberglass runs	20 LF	x			
boiler room			x	duct insulation	60 SF	x			
boiler room			x	floor tile	50 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 15	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Newburg PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 4/22/15			



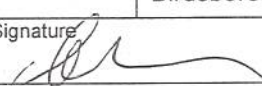
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check

13818

Date of Notification (1) 4/22/15		"PAGE 2"		Name of Building Owner/Operator (2) Jewish Community Center of Fort Lee	
Agencies Notified		Type Notification		Street Address 1449 Anderson 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fort Lee, NJ 07024	
				Name of Contact Martha Dawson	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Jewish Community Center of Fort Lee				Type of Facility (4)	
Street Address 1449 Anderson Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than -12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Fort Lee				Square Feet 3000	# of Floors 1
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012		Name of Abatement Contractor (9) ABS Environmental Services, Inc.	
Street Address 300 Grand Avenue				Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code Englewood, NJ 07631				City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-764-2276	Lic. No. 703
Start Date (10) 5/4/15		Scheduled Completion Date (11) 6/4/15		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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)	
		Yes No N/A		Amount (Specify SF or LF)	
coat room				elbow insulation (4 fittings) 4 SF	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 15	Name of Registered Landfill Cumberland Landfill
City, State Freehold, NJ		Disposal Date TBD		City, State Newburg PA	
Completed by A. Scott Higgins		Title President		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) 4/21/15		Name of Building Owner/Operator (2) Top Tomatoe							
Agencies Notified	Type Notification	Street Address 240 Page Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Staten Island, NY 10307							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mike	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 430 North Avenue West		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than -12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield	Square Feet 5000	# of Floors 1	Bldg. Age 65						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, Inc.						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 4/22/15		Scheduled Completion Date (11) 5/22/15	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) 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)						
	Yes	No		N/A					
windows			x	window glazing	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
various locations			x	floor tile	150 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 4/21/15			



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

Date of Notification (1) 04/20/2015		Name of Building Owner/Operator (2) Princeton-Blairstown Center							
Agencies Notified	Type Notification	Street Address 158 Millbrook Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hardwick, NJ, 07825							
		Name of Contact Mr. Jody Zengulis							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hunt Lodge		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 158 Millbrook Rd		Square Feet 4,000	# of Bldg. Age 1 1945						
City (5) Hardwick		Current Use (Prior if demolished) Recreation							
County (6) Warren	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor Riddle Environmental							
Name of Monitoring Firm Hired by Building Owner (8) Quad 3		Street Address 431 Smith Street							
Street Address 72 GlenMaura Blvd.		City, State, Zip Code Dunmore, PA 18512							
City, State, Zip Code Moosic PA 18507		Telephone No. 570-903-3246							
Project Manager for Monitoring Firm Brian Poplarchick		Telephone No. 570-342-5200							
Start Date (10) 5/5/2015 S.7.15	Scheduled Completion Date (11) 5/6/2015 S.8.15	Name of OSHA Monitor Lou Riddle							
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 431 Smith Street							
		City, State, Zip Code Dunmore, PA 18512							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Square Feet)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Linoleum	~ 40 sq/ft	X			
Bathroom		X		Linoleum	~ 40 sq/ft	X			
Name of Registered Waste Hauler To be Determined		NJDEP Waste Hauler ID No.	Cubic Yards of Waste < than 5 Cu. Yds	Name of Registered Landfill Keyston Landfill	City, State Dunmore, PA 18512				
City, State		Disposal Date 5/7/2015		Signature John Riddle		Date 4/20/2015			
Completed by Lou Riddle		Title Owner							

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

Date of Notification (1) 04/20/2015		Name of Building Owner/Operator (2) Princeton-Blairstown Center	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	156 Millbrook Rd	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Hardwick, NJ, 07825	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Mr. Jody Zengulis	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Vacant Dwelling		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
156 Millbrook Rd		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Hardwick		<input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
County (6) Warren		Square Feet	# of Rooms
County Code (7) (STATE USE ONLY)		1,400	1.5
Name of Monitoring Firm Hired by Building Owner (8) Quad 3		Current Use (Prior if being demolished) Recreation	
Street Address		Name of Abatement Contractor	
72 GlenMaura Blvd.		Riddle Environmental	
City, State, Zip Code		Street Address	
Moosic PA 18507		431 Smith Street	
Project Manager for Monitoring Firm		City, State, Zip Code	
Brian Poplarchick		Dunmore, PA 18512	
Telephone No.		Telephone No.	
570-342-5200		570-903-3246	
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
5/5/2015 5.7.15	5/6/2015 5.8.15	Lou Riddle	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		431 Smith Street	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input type="checkbox"/> Other - Describe:		Dunmore, PA 18512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
		<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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	
Bathroom		x	Linoleum
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Name of Registered Landfill
To be Determined		Cubic Yards of Waste < than 1 Cu. Yds	Koussoum
City, State		Disposal Date	City, State
		5/7/2015	Dunmore
Completed by	Title	Signature	Date
Lou Riddle	Owner	<i>Lou Riddle</i>	4/20/2015