

CK 1022

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

RECEIVED

Date of Notification (1) <u>04</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Navesink-Prestige	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 187 Monmouth Ave	
		City, State, Zip Code Atlantic Highlands, NJ 07716	
		Name of Contact Anthony Marchese	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1120 E. Bay Avenue		Square Feet	# of Rooms
City (5) Manahawkin, NJ 08050		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	Licensure No. 1113

Start Date (10) <u>05</u> / <u>02</u> / <u>15</u>	Scheduled Completion Date (11) <u>6</u> / <u>27</u> / <u>15</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement. <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Rear of House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill
City, State Newark, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 4/22/15

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

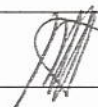
CK 4015

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

Date of Notification (1) 4/24/2015		Name of Building Owner/Operator (2) McAllister Towing of Philadelphia							
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 4 south King Street		City, State, Zip Code Gloucester, New Jersey 08030							
Name of Contact George Doms		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden Docks		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 2500 S. Broad Street		Square Feet 2000	# of Floors 2						
City (5) Camden		Bldg. Age 60+							
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Tug Boat						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 107	Name of Abatement Contractor (9) ecoservices, LLC.						
Street Address 28 N. Pennel RD		Street Address 407 W. Lincoln Highway Suite 500							
City, State, Zip Code Media, PA. 19603		City, State, Zip Code Exton, Pa. 19341							
Project Manager for Monitoring Firm Dave Turtsy		Telephone No. 610-891-0114	Telephone No. 484-872-8884						
Start Date (10) 5/7/2015		Scheduled Completion Date (11) 5/9/2015							
Name of OSHA Monitor EMSL Analytical		Response No. 161							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinniminson, NJ. 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 Negative Pressure Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Galley			X	120	LF	X			
Galley			X	330	SF	X			
Name of Registered Waste Hauler ecoservices, LLC.		NJDEP Waste Hauler ID No. swe-13-012785	Cubic Yards of Waste 4	Name of Registered Waste Disposal Facility Grows (a WM land fill)					
City, State Exton, PA.		Disposal Date TBD	City, State Morrisville, PA						
Completed by Tom Joiner		Title Project Manager	Signature 			Date 4/24/2015			

NOCK

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

Date of Notification (1) 4 / 21 / 15		Name of Building Owner/Operator (2) Easton Bible Church							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2407 Fostertown Road						
			City, State, Zip Code Hainesport, NJ 08036						
			Name of Contact Daviv Maeir						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Easton Bible Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2407 Fostertown Road		Square Feet 2100	# of Floors 2						
City (5) Hainesport, nj 08036		Bldg. Age 40+							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	Telephone No. 610-701-9000						
Start Date (10) 4 / 8 / 15		Scheduled Completion Date (11) 4 / 23 / 15	Licenses No. 0053						
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: 7AM-3:30PM-AM		Name of OSHA Monitor AET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 28 N. Pennell Road							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Media, PA 19063							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Walls	188 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 		Date 4/21/15					

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

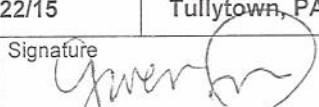
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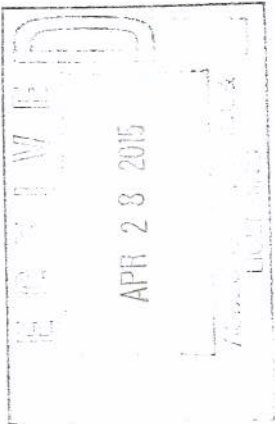
RECEIVED
 Print Form

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) PSEG								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley road								
		City, State, Zip Code South Plainfield NJ 07080								
		Name of Contact Khaden Smith	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Totowa Substation		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 59 Furier St		Square Feet 300	# of Floors 1							
City (5) Totowa NJ 07512		Bldg. Age 40 plus								
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Control room								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc.							
Street Address n/a		Street Address 17 Old Dock Rd								
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 631-924-8111							
Start Date (10) 4/27/15		Scheduled Completion Date (11) 7/15/15	Name of OSHA Monitor WRS Environmental services							
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 same as above								
		City, State, Zip Code same as above								
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Square Feet)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Control House roof			x	Asbestos Roofing/flashing	300	x				
Control House			x	Asbestos Transite Floor Panels	70	x				
Ceiling Interior			x	Asbestos caulk	1	x				
Substation yard			x	Asbestos transite pipe	150	x				
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107	Cubic Yards of Waste 60	Name of Registered Landfill Conestoga Landfill						
City, State Flanders NJ		Disposal Date TBD	City, State Morgantown, PA							
Completed by Michael J DiMaria		Title Proj Mgr/ Site Supervisor	Signature <i>Michael J DiMaria</i>				Date 4/22/15			

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

Date of Notification (1) <u>4</u> / <u>20</u> / <u>15</u>		Name of Building Owner/Operator (2) PSE&G / Job #1504-4893 Check #7159	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 472 Weston Canal Road
			City, State, Zip Code Somerset, NJ 08873
			Name of Contact Shaun Fine
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 256 North Park Street		Square Feet	# of Floors
City (5) East Orange		Bldg. Age	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas North America, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 110 Fieldcrest Ave. Raritan Plaza I, 4th Floor		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Patrick A. Hand	Telephone No. 732-225-6040	Telephone No. 609-265-2107	License No. 0052
Start Date (10) <u>5</u> / <u>5</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>22</u> / <u>15</u>	Name of OSHA Monitor EMSL Analytical	
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) 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	
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Camden, NJ		Disposal Date 5/22/15	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4/20/15



Asbestos Inventory
at
256 North Park Street
East Orange, New Jersey
for
PSE&G

BVNA Project No. 12014-000198.00

Material Location	Material Description (HA-Code)	Approximate Quantity	Condition	Comments
	<u>HOUSE</u>			
House siding	ACM siding (HA-1)	3,500 sf	Unknown	Material is covered by vinyl siding.
Front interior porch	Mastic associated with white floor tiles (HA-7)	66 sf	fair	Located below carpet
Front interior porch	Black 9-inch floor tiles (HA-8)	66 sf	fair	Located below carpet and white tiles mastic not analyzed, assumed to be ACM
Front interior porch	Red 9-inch floor tiles (HA-9)	66 sf	fair	Located below carpet and white tiles Mastic not analyzed, assumed to be ACM
Front interior porch	Tar paper under floor tiles (HA-40)	66 sf	fair	Located below carpet and floor tiles
Front interior porch, exterior louver window	Window caulk (HA-11)	3 lf	fair	Located below carpet and white tiles
Flat roof	Built up roofing (HA-30)	350 sf	Good	Rear roof, flat section
Entire roof	Flashing tar (HA-42)	20 -25 sf	Good	Located on roof penetrations, chimney, vents, & low roof/gable joint
Basement floor	Pipe insulation (air-cell type) (HA-38)	110 lf	Poor	Material is severely damaged with debris on
	<u>1st Floor wall cavity</u>			
	<u>Pipe insulation (air-cell type)</u>	<u>40 lf</u>	<u>Fair</u>	<u>Located in wall cavity in dining room</u>
Basement floor	Pipe insulation (pipe wrap type) (HA-39)	40 lf	Poor	Material is severely damaged with debris on



EPA
ENVIRONMENTAL
PROTECTION
AGENCY

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

Date of Notification (1) <u>4</u> / <u>20</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1304-4626		neck #7161						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg								
		City, State, Zip Code Princeton, NJ 08544								
		Name of Contact Robert Ortego, P.E.	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 20 Washington Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 20 Washington Road, Princeton University Main Campus			Square Feet 1,000,000	# of Floors 5	Bldg. Age 85					
City (5) Princeton		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University Library						
County (6) Mercer		Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane			Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00521						
Start Date (10) 3 / 24 / 14		Scheduled Completion Date (11) 4 / 30 / 15		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM-12AM			Street Address 200 Route 130 North							
			City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <i>Wrap & Vent</i> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Abatement Type				
		Yes No N/A				Amount (Spec SF or)	Removal	Repair	Encapsulate	Enclosure
Room 227A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor Tile & Mastic		400	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Exterior Steam Tunnell		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Cut & Wrap		300	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium Roof		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Roof Flashing		714	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Fl. Column C-D between 5&6		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Double layer Floor tile & Mastic		270	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ				Disposal Date 4/30/15		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>G Trumbetti</i>		Date 4/20/15				

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

04-4626
Page 2 of 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Light Court TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Glass TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Perimeter Window Caulk	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Glazing	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris clean up	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	98 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1964 Addition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing Mastic	2,7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor to 3 rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows including caulk & glazing	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Tower- 2 nd Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (wrap & cut)	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date of Notification (1) <u>4</u> / <u>16</u> / <u>15</u>		Name of Building Owner/Operator (2) NJTA Contract T300.311 /Job #1501-4865 Check #78	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 5050
			City, State, Zip Code Woodbridge, NJ 07095
			Name of Contact Dan Crum
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Daibes Gas Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 800 Ave E		Square Feet	# of Floors Bldg. Age
City (5) Bayonne		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Gas Station
County (6) Hudson		Name of Monitoring Firm Hired by Building Owner (8) USA Environmental	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8101	Telephone No. 609-265-2107
Start Date (10) <u>4</u> / <u>20</u> / <u>15</u>		Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>15</u>	License No. 0052
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor EMSL Analytical	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 200 Route 130 North	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Cinnaminson, NJ 08077	
<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-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Daibes Gas Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Daibes Gas Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill Advanced Western
City, State Freehold, NJ	Disposal Date 6/30/15	City, State Birdsboro, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4/16/15

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

Date of Notification (1) 4 / 16 / 15		Name of Building Owner/Operator (2) Resorts International Casinos / Job #1504-4895		Check #7162					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1133 Boardwalk						
			City, State, Zip Code Atlantic City, NJ 08401-7329						
			Name of Contact Matthew Smith	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resorts Hotel & Casino			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1133 Boardwalk			Square Feet	# of Floors					
City (5) Atlantic City			Bldg. Age						
County (6) Atlantic		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hotel & Casino						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00525					
Start Date (10) 4 / 17 / 15		Scheduled Completion Date (11) 4 / 18 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3PM-12AM			Street Address 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 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-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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 nd Floor Behind Soffit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 4/20/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 4/16/15			

CK 0059168

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

D&S Proj. #: 2015-133

Date of Notification (1) 10/14/12/10/11/15		Name of Building Owner/Operator (2) RICARDO BERTRAN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12-77 GEORGE STREET	
		City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact RICARDO BERTRAN	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICARDO BERTRAN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Homes, etc.)	
Street Address 12-77 GEORGE STREET			Square Feet	# of Floors
City (5) Fair Lawn	County (6) BERGEN	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (prior if being demolished)	

Street Address		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07503	
Phone Number		Telephone Number 973-345-8020	
Start Date (10) 04/28/15		License Number 01169	
Sched. Completion Date (11) 05/15/15		Name of OSHA Monitor D & S Restoration, 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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

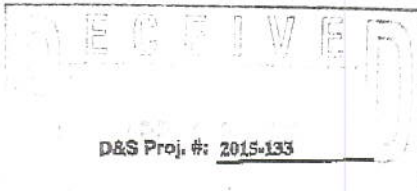
Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
BASEMENT		X		PIPE INSULATION	147 L FT		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/29/15	City, State TULLYTOWN, PA	

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/20/2015
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CK 065968

Apr 21 2015 01:38pm

P001/001

D&S Proj. #: 2015-133

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

APPROVED
NJ Dept. of Health
Senior Services
Date: 4/21/15
Time: 1:36PM

Date of Notification (1)
10 14 1/12 10 1/15

Name of Building Owner/Operator (2)
RICARDO BERTRAN

- Agencies Notified
- EPA
 - DEP
 - DOL
 - DOH
 - DCA
- Type Notification
- Initial
 - Amended
 - Amendment #:
 - Emergency (Including justification)
 - Cancellation

Street Address
12-77 GEORGE STREET

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
RICARDO BERTRAN

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
RICARDO BERTRAN

Street Address
12-77 GEORGE STREET

City (5)
Fair Lawn

County (6)
BERGEN

County Code (7)
(State use only)

Type of Facility (4)

- School
- Subchapter B (Other than K-12)
- Other (Factory/Commercial Bldgs./Offices, etc.)

Square Feet

Floors

Bldg. Age

Current Use (If being demolished)

Name of Monitoring Firm hired by Bldg. Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

Project Manager for Monitoring Firm

Phone Number

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
04/28/15

Sched. Completion Date (11)
05/15/15

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement
- Abatement performed outside of normal facility hours- Describe:
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- >3 sf or >3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*)

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)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASEMENT		X		PIPE INSULATION	147 L FT

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
04/29/15

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
04/20/2015

	Remove	Repair	Encapsulate	Enclose
	X			

CK 005967

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

D&S Proj. #: 2015-134



Date of Notification (1) 10 14 1 / 12 10 1 / 15 1		Name of Building Owner/Operator (2) VITTORIO MASSA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 19 DYKERS FARM ROAD	
		City, State, Zip Code NORTH HALEDON, NJ 07109	
		Name of Contact VITTORIO MASSA	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) VITTORIO MASSA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg, Homes, etc.)	
Street Address 15 OVERLOOK AVENUE			Square Feet	# of Floors
City (5) BELLEVILLE	County (6) essex	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (prior if being demolished)	

Name of Abatement Contractor (9) D & S RESTORATION, INC.		License Number 01169
Street Address 20 California Ave.		
City, State, Zip Code Paterson, NJ 07503		
Telephone Number 973-345-8020		
Name of OSHA Monitor D & S Restoration, Inc.		
Street Address 20 California Avenue		
City, State, Zip Code Paterson, NJ 07503		

Project Manager for Monitoring Firm	Phone Number
Start Date (10) 04/22/15	Sched. Completion Date (11) 05/15/15
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure	and Non-friable procedure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> 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)	Amount (Specify in LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
BASEMENT		X		PIPE INSULATION	113 L FT		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/23/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/20/15

CK 005967

Apr 21 2015 08:44am

P001/002

RECEIVED
D&S Proj. #: 2015-134

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

Date of Notification (1) 04/12/15		Name of Building Owner/Operator (2) VITTORIO MASSA		APR 21 2015 PAUL C	MED Senior Services OWNER
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 DYKERS FARM ROAD	Date: 4/21/15 Time: 8:30 AM
		City, State, Zip Code NORTH HALEDON, NJ 07109		Name of Contact VITTORIO MASSA	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) VITTORIO MASSA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subelementary (Other than K-12) <input checked="" type="checkbox"/> Other (Industrial/Commercial/Institutional, etc.)	
Street Address 15 OVERLOOK AVENUE			Square Feet	Bldg. Age
City (5) BELLEVILLE	County (6) essex	County Code (7) (State use only)	Current Use (If being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number	License Number 01169		
Start Date (10) 04/22/15	Sched. Completion Date (11) 05/15/15	Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >2 sf or >2 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted

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)	Amount (Specify LF)	Remove	Repair	Encap	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	113 LFT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE
City, State PATERSON, NJ 07503	Disposal Date 04/23/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/20/15

Do not use this form for asbestos licensure exempted activities.

CK 2796

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

Date of Notification (1) <u>4</u> / <u>23</u> / <u>15</u>		Name of Building Owner/Operator (2) Verizon						
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 15 East Montgomery Place, Lower Level						
		City, State, Zip Code Pittsburgh, PA 15212						
		Name of Contact Anthony Porta	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Swedesboro CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address Broad & 2nd St		Square Feet	# of Floors					
City (5) Swedesboro		Bldg. Age						
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety and Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 436 Walnut St		Street Address 1123 BEAVER STREET						
City, State, Zip Code Philadelphia, PA 19106		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Frank Westfall	Telephone No. 215-640-5320	Telephone No. 215-788-6040	Licensure No. 0054					
Start Date (10) <u>5</u> / <u>4</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>8</u> / <u>15</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / ___ PM-___ AM		Street Address 1123 BEAVER STREET						
		City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	210	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	224	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	145	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	86	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 4688					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jsl</i>			Date 4/23/15			

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

Cl # 2797

Date of Notification (1) 4/23/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 428 Bloomfield Avenue	
		City, State & Zip Code Bloomfield New Jersey	
		Name of Contact ALEX BAYLOR	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bloomfield CENTRAL OFFICE			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 428 Bloomfield Avenue			Square Feet 42380	# of Floors 3
City (5) Bloomfield	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET		
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	Lic. No. 00509
Scheduled Start Date (10) May 7 2015	Scheduled Completion Date (11) May 9 2015		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	

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 Hours - 7am to 3pm Describe: 5PM-1:30AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedure	<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	205 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room (in mech rm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve insulation	205 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 4688		
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 4/23/15

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

2799

Date of Notification (1) <u>4</u> / <u>23</u> / <u>15</u>		Name of Building Owner/Operator (2) Arbor Management, LLC	
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 4 Denny Rd.	
		City, State, Zip Code Wilmington, DE 19809	
		Name of Contact Guy Pollice	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Manor Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 255 S. Pearl St.		Square Feet	# of Floors
City (5) Burlington		Bldg. Age	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Apartments	

Name of Monitoring Firm Hired by Building Owner (8) Brightfields, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 801 Industrial St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Wilmington, DE 19801		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Monty Krough	Telephone No. 302-656-9600	Telephone No. 215-788-6040	Licensure No. 0051

Start Date (10) <u>5</u> / <u>4</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>7</u> / <u>15</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:30AM-5:30PM</u> / ___ PM- ___ AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

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

Location of Asbestos-Containing Material (ACM) <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
Unit 127	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 4688
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 4/23/15

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

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

2800
RECEIVED

Date of Notification (1) 4/23/15		Name of Building Owner / Operator (2) Macys Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 7 West Seventh Street
			City, State & Zip Code Cincinnati, OH 45202
			Name of Contact Tia Wenrich
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Macys Store			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 275 Parsonage Road			Square Feet	# of Floors
City (5) Edison	County (6) Middlesex	County Code (7)	Bldg. Age	
Current Use (Prior if being demolished) Retail				

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 515 Grove St.		Street Address 1123 Beaver Street		
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Joseph Anello	Telephone Number 856-547-0505	Telephone Number (215)788-6040	License Number 0009	

Scheduled Start Date (10) 5/4/15	Scheduled Completion Date (11) 5/5/15	Name of OSHA Monitor Bristol Environmental Inc.		
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 Hours - Describe: 10 PM to 7 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street		
		City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Receiving/Supply Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	70	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor Freight Elevator Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STA C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, Delaware	Disposal Date 5/5/15	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 4/23/15

No CK State of NJ Courtesy Notice - Asbestos previously removed

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #		Postmark		Date Received		Notification #																													
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																			
II. Facility Description Building Name: Royce Associates Site Address: 207-215 Avenue L (Bock 5030, Lot 90) City: Newark State: NY Zip Code: 07105 County: Essex Site Location: 207-215 Avenue L (Bock 5030, Lot 90) Newark, NJ 07105 Building Size (square feet): 57,000 # of Floors: 3 Age in Years: 90 Present Use: Vacant Prior Use: Electrical Equipment Manufacturing																																			
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																			
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																			
V. Facility Information Owner Name: Dentree Associates & Rita Woldenburg Address: c/o Martha Donovan, Esq., Norris, McLaughlin & Marcus, 721 Route 202-206 City: Somerville State: NJ Zip Code: 08876 Contact: Rich Hilts (Sabre Demolition) Telephone: (315) 320-4238 Fax: (315) 320-4238 Removal Contractor Name: N/A Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Other Operator (demolition/general): Sabre Demolition Corporation Address: 115 Railroad Street City: Warners State: NY Zip Code: 13164 Contact: Rich Hilts Telephone: (315) 320-4233 Fax: (315) 320-4238																																			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: N/A, Asbestos containing materials removed in previous phase.																																			
VII. Approximate Amount of Asbestos Materials: <table border="1"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)						Surface Area (square feet)						Facility Components (cubic feet)					
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material to be Removed																															
		Category I	Category II	Category I	Category II																														
Pipes (linear feet)																																			
Surface Area (square feet)																																			
Facility Components (cubic feet)																																			
VIII. Scheduled Dates Demolition or Renovation: Start: 05/18/15 Complete: 08/31/15																																			
IX. Dates for Asbestos Removal (MM/DD/YY) Start: _____ Complete: _____																																			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																												
Hours of Operation:																																			

NO CK

Print Form

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

Date of Notification (1) 4/27/15		Name of Building Owner/Operator (2) McAllister Towing of Philadelphia	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 south King Street
			City, State, Zip Code Gloucester, New Jersey 08030
			Name of Contact George Doms

Name of Facility Where Abatement is Taking Place (3) Camden Docks				Type of Facility (4)	
Street Address 2500 S. Broad Street				<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Camden				<input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
County (6) Camden		County Code (7) (STATE USE ONLY)		Square Feet 2000	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No 107		Current Use (Prior if building demolished) Tug Boat	

Name of Abatement Contractor ecoservices, LLC.		Street Address 407 W. Lincoln Highway		City, State, Zip Code Exton, Pa. 19341	
Street Address 28 N. Pennel RD		City, State, Zip Code Media, PA. 19603		Telephone No. 484-872-8884	
Project Manager for Monitoring Firm Dave Turtsy		Telephone No. 610-891-0114		License No. 1161	

Start Date (10) 5/4/15	Scheduled Completion Date (11) 5/16/15	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Cinniminson, NJ. 08077			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Galley			X	120		X			
Galley			X	330		X			

Name of Registered Waste Hauler ecoservices, LLC.		NJDEP Waste Hauler ID No. swe-13-012785		Cubic Yards of Waste 4		Name of Registered Landfill Grows (a WM Landfill)	
City, State Exton, PA.		Disposal Date TBD		City, State Morrisville, PA			
Completed by Tom Joiner		Title Project Manager		Signature <i>Tom Joiner</i>		Date 4/27/15	

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

Check#2171

RECEIVED

Date of Notification (1) <u>04</u> / <u>24</u> / <u>15</u>		Name of Building Owner/Operator (2) Gracia Thezan	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 62 James Street	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Gracia Thezan	

2015 APR 28 AM 12:36
ASBESTOS CONTROL
& L
ENSING

FACILITY INFORMATION

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 K-12) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address 62 James Street		Square Feet	
City (5) Montclair, NJ 07042		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		City, State, Zip Code Wayne, NJ 07470	
City, State, Zip Code		Telephone No. 973-638-1777		License No. 0112	
Project Manager for Monitoring Firm		Telephone No.		License No.	

Start Date (10) <u>05</u> / <u>04</u> / <u>15</u>		Scheduled Completion Date (11) <u>05</u> / <u>05</u> / <u>15</u>		Name of OSHA Monitor Envirovision, Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure 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 Surface Area in SF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TED		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Code TED		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 04/24/2015	

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

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

Voorhees,
NJPOL
2798

Date of Notification (1) 4/23/15		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Mr. Everett O. Collins	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Washington ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 331 Emory Avenue			Square Feet 70,000	# of Floors 3
City (5) Trenton	County (6) Mercer	County Code (7)	Bldg. Age 60+	
Current Use (Prior if being demolished) School				

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007		

Project Manager for Monitoring Firm Steven Faress	Telephone Number 609-392-4200	Telephone Number (215)788-6040	Lic. # 0009
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Scheduled Start Date (10) 4/24/15	Scheduled Completion Date (11) 4/25/15	Name of OSHA Monitor Bristol Environmental Inc.	
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4:00 PM – 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures	
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Bristol Environmental Inc	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1/2 cu yd	Name of Registered Landfill GROWS Landfill
City, State Bristol, PA	Disposal Date 4/27/15	City, State Morrisville, PA	

Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 4/23/15
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

MO#22742786002

Date of Notification (1) 04 / 24 / 15		Name of Building Owner/Operator (2) April Savoye- Trustee	
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 528 Closter Dock Road City, State, Zip Code Closter, NJ 07624	
		Name of Contact Rose Marie Motiuk	Telephone Number

FACILITY INFORMATION

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 K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 528 Closter Dock Road		Square Feet	# of Floors
City (5) Closter, NJ 07624		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			973-638-1777	01127

Start Date (10) 05 / 03 / 15	Scheduled Completion Date (11) 05 / 04 / 15	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410		

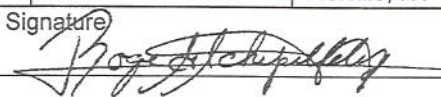
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or %)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 04/24/2015	

PK 2770

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

Date of Notification (1) 04/22/2015		Name of Building Owner/Operator (2) Refine Homes Investor, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 S Highland Ave							
		City, State, Zip Code Glen Rock, NJ 07432							
		Name of Contact Marc Flusche							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)							
Street Address 35 S Highland Ave		Square Feet	# of Floors						
City (5) Glen Rock		Bldg. Age							
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address		Street Address 365 River Drive							
City, State, Zip Code		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 05/06/2015	Scheduled Completion Date (11) 06/06/2015	Name of OSHA Monitor Testor Tech							
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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Source 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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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 / Laundry Room			X	VAT	500 SF	X			
Second Floor Bedroom			X	VAT	180 SF	X			
Kitchen			X	VAT	200 SF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill Company 110 Sand Clearing						
City, State Garfield, NJ	Disposal Date TBD	City, State Melville, NY							
Completed by Roque Schipilliti	Title Project Manager	Signature 							
				Date 04/22/2015					

RECEIVED
APR 28 AM 12:42
ICE 0-4-11/KOL
Tel. Number

Emergency
CK 4795

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

CR 471

Date of Notification (1) 4/13/15		Name of Building Owner/Operator (2) Jeffery Bassano 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1725 West Central Ave City, State, Zip Code Seaside Heights NJ 08751							
	Name of Contact Jeff		Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Jeffery Bassano Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)								
Street Address 1725 West Central Ave		Square Feet 1000+	# of Floors 2							
City (5) Seaside Heights NJ 08751		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.	Telephone No. 856-753-9800							
License No. 00727										
Start Date (10) 4/13/15	Scheduled Completion Date (11) 4/13/15	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (in SF) or LF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Found behind wall during Demo			x	Transite Siding	10 SF	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste q	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 4/14/15		City, State Morrisville NJ		19067				
Completed by Anthony T Perna		Title President		Signature 		Date 4/13/15				

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

Check # 9743

Date of Notification (1) April 24, 2015		Name of Building Owner / Operator (2) Brick Township Municipal Utilities Authority	
Agencies Notified	Type Notification	Street Address 1551 Highway 88 West	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Brick, NJ 08724-2399	
		Name of Contact Matt Glowacki - Quad Construction Company	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vanada Woods Pump Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 506 Riverside Drive South		Square Feet 300	# of Floors 1
City (5) Brick		Current Use (Prior if being demolished) Pump Station	
County (6) Ocean		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) May 4, 2015	Scheduled Completion Date (11) May 8, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Removable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pump Station			X	Pipe Insulation	.5 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date May 15, 2015	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>	Date April 24, 2015

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

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

Check # 9744

Date of Notification (1) April 24, 2015		Name of Building Owner / Operator (2) Brick Township Municipal Utilities Authority		Check # 9744	
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"/> Cancellation	Street Address 1551 Highway 88 West		Telephone Number	
		City, State & Zip Code Brick, NJ 08724-2399			
		Name of Contact Matt Glowacki - Quad Construction Company			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Eastern Lane Pump Station			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
Street Address 739 Eastern Lane			Square Feet 300	# of Floors 1	Bldg. Age 60 years
City (5) Brick			Current Use (Prior if being demolished) Pump Station		
County (6) Ocean		County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.		
Street Address		Street Address 829 Radio Road		License Number	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-296-6916	License Number 00817	
Scheduled Start Date (10) May 4, 2015		Scheduled Completion Date (11) May 8, 2015		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road		
			City, State & Zip Code Little Egg Harbor, NJ 08087		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Removable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes	No	N/A	Amount SF
Pump Station				X	Pipe Insulation
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date May 15, 2015	City, State Morrisville, PA		
Completed By Diane Aloia		Title Executive Assistant	Signature <i>Diane Aloia</i>		Date April 24, 2015

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

Check # 9745

Date of Notification (1) April 24, 2015		Name of Building Owner / Operator (2) Brick Township Municipal Utilities Authority	
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"/> Cancellation	Street Address 1551 Highway 88 West	
		City, State & Zip Code Brick, NJ 08724-2399	
		Name of Contact Matt Glowacki - Quad Construction Company	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Breton Road Pump Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 38 Breton Road		Square Feet 300	# of Floors 1
City (5) Brick		Current Use (Prior if being demolished) Pump Station	
County (6) Ocean		County Code (7) <i>USE ONLY</i>	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) May 4, 2015	Scheduled Completion Date (11) May 8, 2015		Name of OSHA Monitor Synatech, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Removable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Pump Station		X	Pipe Insulation
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date May 15, 2015	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>	Date April 24, 2015

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

OK 5289

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

Date of Notification (1) 04/24/2015		Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companies									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 High Street City, State, Zip Code Boston, MA 02110 Name of Contact Enrique Bellido							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) N/A			Type of Facility (4) <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 75 Demarest Drive			Square Feet 190,000		# of Floors 2						
City (5) Wayne			Bldg. Age 46								
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Factory - Vacant for demolition							
Name of Monitoring Firm Hired by Building Owner (8) CTSI Environmental Safety & Health Profess.		ASCM No. 00109	Name of Abatement Contractor (9) Incinia Contracting, Inc.								
Street Address 237 West 35th Street, Suite 805			Street Address 1360 Clifton Avenue, Unit 3								
City, State, Zip Code New York, NY 10001			City, State, Zip Code Clifton, NJ 07012								
Project Manager for Monitoring Firm Farhood Selamie		Telephone No. (212) 929-3451	Telephone No. (973) 450-9500	License No. 036							
Start Date (10) 04/15/2015		Scheduled Completion Date (11) Estimated 5/8/2015		Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Saturday & Sunday - 7am - 5pm			Street Address 1360 Clifton Avenue, Unit 3 City, State, Zip Code Clifton, NJ 07012								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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 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 SF or %)		Abatement Type			
		Yes	No					N/A	Removal	Repair	Encapsulate
East Side of Building			X	X	Spray On Fireproofing		240	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		City, State Bethlehem, PA					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA							
Completed by Milena Zoric		Title Executive Director		Signature 		Date 04/24/2015					

CHECK #
3706

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

Date of Notification (1) <u>4/23/15</u>		Name of Building Owner/Operator (2) <u>BOWMAN WALKER CURS REVISION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>3101 DUNE DRIVE</u>
	City, State, Zip Code <u>AVON, N.J. 08202</u>		Name of Contact <u>LANCE</u>
	Telephone Number <u>66</u>		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12 commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private & homes, etc.)	
Street Address <u>307 YALE AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>CARLE MAY POINT</u>		Current Use (Prior if been demolished) <u>VACAN</u>	
County (6) <u>CARLE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCH No.	Name of Abatement Contractor (9) <u>KLEMMO INC.</u>
Street Address <u>369 S. SPRUCE AVE.</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm <u>JOSEPH KLEMM</u>		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>5/4/15</u>		Scheduled Completion Date (11) <u>5/11/14</u>	
Name of OSHA Monitor <u>JOSEPH KLEMM</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll <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-Friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>ROOF</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>N/A</u>		Quantity of Waste <u>12</u>	
Name of Registered Waste Hauler <u>KLEMMO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u>WOODS</u>	City, State <u>WOODS, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>
		Date <u>4/24/15</u>	

Abatement Type	Quantity (SL/LL)	Removal	Repair	Encapsulation	Enclosure
	12	100%			

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

REC-1200
Check# 1200
 2015 APR 28 AM 12:36

Date of Notification (1) 4/24/15		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 Washington Street City, State, Zip Code Hoboken, NJ 07030
	Name of Contact Telephone Number		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned House for Demo		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 210 Middlesex St (Angelo Cifelli Drive)		Square Feet 2500	# of Floors 2
City (5) Harrison		Bldg. Age 50+	
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned House for Demo
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM.No. n/a	Name of Abatement Contractor (9) Loznica Management Corp
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950
License No. 0113		Name of OSHA Monitor Loznica Management Corp	
Start Date (10) 5/4/15		Scheduled Completion Date (11) 5/30/15	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Main Entrance, Door		x	
Door Frame Caulking		20 LF	
Basement, Furnace Room		x	
Ceiling Concrete		900 SF	
Basement, Furnace Room		x	
Cement Flashing (Vent Pipe)		20 SF	
1st Floor Kitchen, Closet		x	
Green Floor Tile & Mastic		120 SF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Name of Registered Waste Hauler GROWS Landfill
City, State Riverdale, NJ		Disposal Date TBD	City, State Morrisville PA 19067
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic
		Date 4/24/15	

ADDITIONAL QUANTITIES ON NEXT PAGE →

Loznica Management Corporation

New Jersey Dept. of Labor Lic# 01193
22 Troy Lane, Lincoln Park, NJ 07035
TEL (973) 706-7950 FAX (973) 706-7951
jadar2@optonline.net

RECEIVED

2015 APR 28 AM 12:36

43 WEST 100 CONTROL
& LICENSING

**ADDITIONAL QUANTITIES FOR
210 MIDDLESEX STREET
HARRISON, NJ**

(All materials to be removed)

<u>LOCATION</u>	<u>MATERIAL TYPE</u>	<u>AMOUNT</u>
1) 2 nd Floor Kitchen	Floor Tile	14 SF
2) 3 rd Floor Kitchen	Floor Tile	13 SF
3) Exterior Roof	Mastic	40 SF
4) Exterior Roof	Shingles	25 SF
5) Exterior Façade	Shingles	50 SF

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

Check # 1202

Date of Notification (1) 4/24/15		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC		215 109 28 11 2:30							
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 50 Washington Street City, State, Zip Code Hoboken, NJ 07030 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Abandoned House for Demo			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 602 South 2nd St			Square Feet 2500		# of Floors 2						
City (5) Harrison		County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp							
Street Address n/a			Street Address 22 Troy Lane								
City, State, Zip Code n/a			City, State, Zip Code Lincoln Park NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 9737067950							
Start Date (10) 5/4/15		Scheduled Completion Date (11) 5/30/15		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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure							
				<input type="checkbox"/> Glovebag Procedure							
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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			
Exterior				x		2,850 SF		x			
Exterior				x		450 SF		x			
Exterior				x		450 SF		x			
Name of Registered Waste Hauler Rovic Transport			NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill				
City, State Riverdale, NJ			Disposal Date TBD		City, State Morrisville PA 19707						
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 4/24/15				

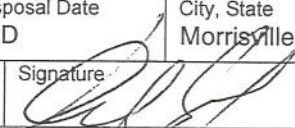
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CHECK # 1186

Date of Notification (1) 4/23/2015		Name of Building Owner/Operator (2) Farideh Shahrestani								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 369 Mason Ave.								
		City, State, Zip Code Haledon, NJ 07508								
		Name of Contact Farideh Shahrestani								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 369 Mason Ave.		Square Feet 1,900 +	# of Floors 2							
City (5) Haledon		Bldg. Age 50+								
County (6) Passaic		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) Unicorn Contracting Corp.							
Street Address		Street Address 1087 Pleasant Valley Way								
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176							
Start Date (10) 5/05/2015		Scheduled Completion Date (11) 5/06/2015	Name of OSHA Monitor Envirovision Consultants 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: Normal Working Hours		Street Address 20-21 Wagaraw Rd. - Bldg. E								
		City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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 SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			x	Pipe Insulation	120	x				
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S., Inc						
City, State West Orange, New Jersey		Disposal Date TBD	City, State Morrisville, Pennsylvania							
Completed by Dimo Golcev		Title Project Manager	Signature 				Date 4/23/2015			

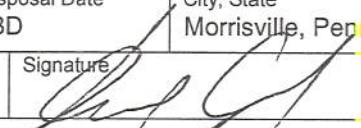
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CHECK # 1185

Date of Notification (1) 4/22/2015		Name of Building Owner/Operator (2) Samuel Engel	
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 checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 415 North Broad Street City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Samuel Engel
			Telephone Number
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 652-654 Westfield Ave		Square Feet 1,900 +	# of Floors 2
City (5) Elizabeth		Bldg. Age 50+	
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) Unicorn Contracting Corp.
Street Address		Street Address 205 Route 46, Suite 7A	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176
License No.		License No. 032	
Start Date (10) 3/29/2015		Scheduled Completion Date (11) 5/02/2015	
Name of OSHA Monitor Envirovision Consultants Inc		Street Address 20-21 Wagaraw Rd. - Bldg. E	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code	
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: Normal Working Hours-Start Monday 04/27/2015			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input 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 Negative Pressure Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement			Pipe Insulation
2nd Floor-Living Room			Plaster
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5
Name of Registered Waste Facility G.R.O.W.S., Inc		Disposal Date TBD	
City, State West Orange, New Jersey		City, State Morrisville, Pennsylvania	
Completed by Dimo Golcev		Title Project Manager	Signature 
		Date 4/22/2015	

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

CHECK # 1184

Date of Notification (1) 4/22/2015		Name of Building Owner/Operator (2) Samuel Engel	
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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 415 North Broad Street City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Samuel Engel
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) Bar-Club		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 618-626 Westfield Ave		Square Feet 1,900 +	# of Floors 2
City (5) Elizabeth		Bldg. Age 50+	
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) Unicorn Contracting Corp.
Street Address		Street Address 205 Route 46, Suite 7A	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176
Start Date (10) 3/29/2015		Scheduled Completion Date (11) 5/02/2015	Name of OSHA Monitor Envirovision Consultants 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: <u>Normal Working Hours-Start Monday 04/27/2015</u>		Street Address 20-21 Wagaraw Rd. - Bldg. E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input 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-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	
Basement			Pipe Insulation
Roof			Bottom Layer Built-up Material
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 120
City, State West Orange, New Jersey		Disposal Date TBD	Name of Registered Waste Transfer Station G.R.O.W.S., Inc. City, State Morrisville, Pennsylvania
Completed by Dimo Golcev		Title Project Manager	Signature 
			Date 4/22/2015

MO 222 52848041

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

Date of Notification (1) 04/21/15		Name of Building Owner/Operator (2) Almog Geva								
Agencies Notified	Type Notification	Street Address 436 Lewelen Circle								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Almog Geva		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 436 Lewelen Circle		Square Feet	# of Floors							
City (5) Englewood		Bldg. Age								
County (6) Bergen County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement							
Street Address		Street Address 1009 87th Street Suite A4								
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047								
Project Manager for Monitoring Firm		Telephone No.	License No. 023							
Start Date (10) 04/27/15		Scheduled Completion Date (11) 05/07/15	Name of OSHA Monitor HILMAMM CONSULTING INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specified) SF or LF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement				VAT	450	x				
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Waste Disposal Facility MEDOWLAND DISPOSAL COMMISSION						
City, State KENILWORTH, NJ		Disposal Date		City, State KEARNY, NJ						
Completed by Bryan Parra		Title Project Manager		Signature 				Date 04/21/15		

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 LICEN 8-11-15

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

Date of Notification (1) 04/22/15		Name of Building Owner/Operator (2) Edmundo Rodriguez								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 231 N 18th St City, State, Zip Code East Orange, NJ, 07017							
			Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Edmundo Rodriguez		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 231 N 18th St		Square Feet	# of Floors							
City (5) East Orange		Bldg. Age								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement							
Street Address		Street Address 1009 87th Street Suite A4								
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-293-6305							
Start Date (10) 05/01/15	Scheduled Completion Date (11) 05/10/15	Name of OSHA Monitor HILMAMM CONSULTING								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107								
		City, State, Zip Code UNION NJ 07083								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input 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 Negative Pressure Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
	1st floor					Plaster walls	1,056 SF	x		
	2nd floor					Plaster walls	820 SF	x		
	Basement					Plaster walls	700 SF	x		
Garage			Plaster walls	486 SF	x					
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Waste Disposal Site MEDOWLAND		Waste Disposal Commission				
City, State KENILWORTH, NJ		Disposal Date		City, State KEARNY, NJ						
Completed by Bryan Parra		Title Project Manager	Signature 		Date 04/22/15					

CK0993

Print Form

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

Date of Notification (1) 04/21/15		Name of Building Owner/Operator (2) George Anton	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 68 Scotland Rd. City, State, Zip Code South Orange, NJ 07079 Name of Contact George Anton
			Telephone Number
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 68 Scotland Rd.		Square Feet 2600	# of Floors 2
City (5) South Orange		Bldg. Age 102 yrs.	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-406-7341
Start Date (10) 05/01/15		Scheduled Completion Date (11) 05/04/15	Name of OSHA Monitor Leslaw Nalodka
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted 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			pipe insulation
			240lf
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 2
City, State Newark, NJ		Name of Registered Waste Hauler G.R.O.W.S	Disposal Date 05/05/15
Completed by Leslaw Nalodka		Title President	City, State Morrisville, PA
		Signature 	Date 04/21/15

OK 0919

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

Date of Notification (1) 04/17/15		Name of Building Owner/Operator (2) Forsgate Ventures XII, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1095 Cranbury South River Rd. Suite 18								
		City, State, Zip Code Jamesburg, NJ 08831								
		Name of Contact George Lappas	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Warehouse T-43		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 125 North St.		Square Feet 159,000	# of Floors 2							
City (5) Teterboro		Bldg. Age 64 Yrs								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.							
Street Address		Street Address 156 Maple Ave.								
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-406-7341							
Start Date (10) 04/21/15		Scheduled Completion Date (11) 05/23/15	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.								
		City, State, Zip Code Wallington, NJ 07057								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) 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	
roof			*	roof tar	20,400	*				
windows/door			*	caulk	6880	*				
office / bathroom			*	floor tile / mastic	750 sf	*				
2nd fl			*	cove base mastic	500 sf	*				
Name of Registered Waste Hauler Atlantic Carting LLC.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 120	Name of Registered L... IESI		fill				
City, State Wayne, NJ		Disposal Date 05/23/15		City, State Bethlehem, PA						
Completed by Leslaw Nalodka		Title President	Signature 		Date 04/17/15					

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

CHE # 21827 / 5825

Date of Notification (1) 04-24-15		Name of Building Owner/Operator (2) Kingston Education Holdings								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Park Place City, State, Zip Code Newark, NJ 07102 Name of Contact Amy Blake							
			Telephone Number _____							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 129-165 Littleton Avenue		Square Feet 12,000	# of Floors 1.5							
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Current Use (Prior if being demolished) Commercial							
Street Address		Name of Abatement Contractor (9) Pinnacle Environmental Corp								
City, State, Zip Code		Street Address 200 Broad Street								
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Carlstadt, NJ 07072							
Start Date (10) 03-30-15(1)04-07-15		Scheduled Completion Date (11) 04-30-15(1)05-15-15	Telephone No. 201-939-6565							
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 Even-Air Inc.								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101								
<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-Variable 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	
			x			x				
			x			x				
Roof			x	Roof Flashing	2,862 SF	x				
Roof Parapet			x	Parapet Flashing	878 SF	x				
(2)1st Floor			x	Pipe Insulation	200 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 18693	Cubic Yards of Waste 40	Name of Registered Landfill TRRF						
City, State Freehold, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Niamh Fleming		Title Office Manager		Signature 		Date 04-24-15				

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

check # 2806

GAC Project # 060-15

Date of Notification (1) April 23, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number 908-735-1100
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STANLEY BERGEN BUILDING, 65 BERGEN STREET, BLDG# 7252		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 RBHS NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 14	
City (5) NEWARK RBHS	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00000000
Scheduled Start Date (10) 04/23/15	Scheduled Completion Date (11) 04/25/15	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (if Non-Friable Procedure)	
Location of Asbestos-Containing Material (ACM) in Facility (13) 3rd Floor (various locations)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - pipe insulation	Amount (Specify SF or LF) <9 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969		Disposal Date 04/25/15	
Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Name of Registered Landfill O.W.S. North Landfill	
		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date April 23, 2015

APR 23 2015 11:27 AM
RECEIVED
ACADEMIC

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

Call 1721

Date of Notification (1) 4/16/2015		Name of Building Owner / Operator (2) AR Recycling						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1004 Union Landing Road City, State & Zip Code Cinnaminson, NJ Name of Contact Ray Trainor						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Convent Street Address 11 South Sunset		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.) Square Feet 8000 # of Floors 2 Bldg. Age 80+						
City (5) Willingboro	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Demo					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL					
Street Address		Street Address PO Box 8297						
City, State & Zip Code		City, State & Zip Code Trenton, NJ						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-295-1004 License Number 01222					
Scheduled Start Date (10) 4/25/2015	Scheduled Completion Date (11) 5/20/2015	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure						
		<input type="checkbox"/> Glove Bag Procedures						
		<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 or 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
Throughout 2nd Floor Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9x9 VAT Acoustical Ceiling Tank Insulation 3500sf 1400sf 50sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1cubic	Name of Registered Landfill Grows Landfill				
City, State Trenton		Disposal Date Various	City, State Morrisville, PA					
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 4/16/2015			

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

Check
9285

Date of Notification (1) 4-24-15		Name of Building Owner/Operator (2) Sophia Cala							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2574 Yardville-Hamilton Sq. Road						
	City, State, Zip Code Hamilton Square, NJ 08690		Name of Contact Sophia Cala						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 2574 Yardville-Hamilton Square road		Square Feet	# of Floors 80+						
City (5) Hamilton Square NJ 08690		Bldg. Age 80+							
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365						
Start Date (10) 5-6-15		Scheduled Completion Date (11) 5-6-15	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and 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) (SF)	Abatement Type			
	Yes Basement	No X	N/A			Pipe Insulation	60	Removal X	Repair
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 5-7-15	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 4-24-15				

JK 3321

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

RECEIVED
 2015 APR 3 AM 12:30

Date of Notification (1) 04/22/15		Name of Building Owner/Operator (2) EASTERN PROPERTIES							
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 4A CEDAR BROOK DRIVE							
		City, State, Zip Code CRANBURY, NJ 08512							
		Name of Contact ZEV STERN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRIARWOOD CARE AND REHAB CENTER		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 901 ERNSTON ROAD		Square Feet 40,000	# of Floors 1						
City (5) SAYREVILLE, NJ		Bldg. Age							
County (6) MIDDLESEX COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) REHABILITATION CENTER							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	Lic. No. 120						
Start Date (10) 05/04/15	Scheduled Completion Date (11) 05/18/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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	Enclosure
FLOORING				ACM 9X9 TILE	41,500 SF	X			
BASEMENT				JOINT COMPOUND	645 SF	X			
ATTIC				PIPE INSULATION	3,800 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 200 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 01/15/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 04/22/15			

OK 3322

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

2015 APR 28 AM 12:31

Date of Notification (1) 04/23/15		Name of Building Owner/Operator (2) MIZ CONSTRUCTION	
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 212 2ND STREET, SUITE 302	
		City, State, Zip Code LAKEWOOD, NJ 08701	
		Name of Contact MOE KASSOVER	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 422 2ND STREET		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.)	
City (5) LAKEWOOD, NJ		Square Feet 5,000	# of Floors 3
County (6) OCEAN COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONAL
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	Lic. No. 120
Start Date (10) 04/26/15	Scheduled Completion Date (11) 04/27/15	Name of OSHA Monitor AAA LEAD PROFESSIONAL	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input 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-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	
KITCHEN			FLOOR TILE
BASEMENT			PIPING
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5 YARDS
City, State NEWARK, NJ		Disposal Date 04/27/15	Name of Registered Waste Hauler IESI
City, State NEWARK, NJ		Disposal Date 04/27/15	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature
			Date 04/23/15

OK 3324

Print Form

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

Date of Notification (1) 04/24/15		Name of Building Owner/Operator (2) KEVIN CORCORAN							
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 2031 VAUXHALL ROAD							
		City, State, Zip Code UNION, NJ 07083							
		Name of Contact KEVIN CORCORAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 2031 VAUXHALL ROAD		<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.)							
City (5) UNION, NJ		Square Feet 2000	# of Floors 2						
County (6) UNION COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	Lic. No. 1200						
Start Date (10) 05/07/15	Scheduled Completion Date (11) 05/07/15		Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
INTERIOR				PIPE INSULATION	130 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/07/15	City, State BETHLEHEM PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 04/24/15			

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

Date of Notification (1) <p style="text-align: center;">April 22, 2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">DnA Demolition</p>	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <p style="text-align: center;">2156 Camplain Road</p>	
		City, State, Zip Code <p style="text-align: center;">Hillsborough, NJ 08844</p>	
		Name of Contact <p style="text-align: center;">Antonio Dimuzio</p>	Telephone Number

26589

R 28 APR 12:32

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			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 <p style="text-align: center;">112 Old Church Road</p>			Square feet <p style="text-align: center;">2000 sf</p>		
City <p style="text-align: center;">Monroe</p>		County (6) <p style="text-align: center;">Middlesex</p>	County Code (7) (STATE USE ONLY)	# of Floors <p style="text-align: center;">60</p>	Bldg. Age <p style="text-align: center;">60</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">Guardian Contracting, Inc.</p>			ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code <p style="text-align: center;">Toms River, NJ 08755</p>			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm <p style="text-align: center;">Nicholas Fericola</p>		Telephone Number <p style="text-align: center;">732-349-9932</p>		License Number <p style="text-align: center;">0624</p>	
Scheduled Start Date (10) <p style="text-align: center;">4/22/15</p>		Scheduled Completion Date (11) <p style="text-align: center;">4/23/15</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Variable Procedure		
			<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)	Amount (Specify if other)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	100	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">4/24/15</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fericola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">4/22/2015</p>

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

SUPERSTORM SANDY HOUSE RAISING

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

CK13 5421

*REQ. WAIVER 10-DAY - Hurricane Sandy

Date of Notification (1) APRIL 23, 2015		Name of Building Owner/Operator (2) DAVID ROTH	
Agencies Notified	Type Notification	Street Address 182 WINDING WAY	City, State, Zip Code LITTLE SILVER, NJ 07739
<input type="checkbox"/> EPA <input checked="" 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	Name of Contact PAUL GUTLEBER	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ROTH PROPERTY		Type of Facility (4)	
Street Address 182 WINDING WAY		<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) LITTLE SILVER	Square Feet 4,000 SF	# of Rooms 2	Bldg. Age 1950
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor Finishing Touch Asbestos Abatement Corp., Inc.
Street Address		Street Address 580 Broadway, Unit A
City, State, Zip Code		City, State, Zip Code Long Branch, NJ 07740
Project Manager for Monitoring Firm N/A	Telephone No.	Telephone No. 732.222.8372

Start Date (10) APRIL 28, 2015	Scheduled Completion Date (11) APRIL 30, 2015	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check Only One)		Street Address
<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: _____		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen, powder rm, closet			x	AC Drywall and Joint Compound	10 sf	x			

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.	NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 3 cy	Name of Registered Landfill GROWS North
City, State Long Branch, NJ		Disposal Date 5/1/15	City, State Morrisville, PA
Completed by Joseph P. Miller	Title President	Signature 	Date 4/23/15

Apr 24 2015 02:03pm

P001/001

CHECK # 8728

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

2015 APR 25 AM 12:34

Date of Notification (1) 4/24/15		Name of Building Owner/Operator (2) BROSTEEL		APPROVED Health & Senior Services C. HOJANA (signature) Date: 4/15 Time: 2:02 PM	
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 85 CHESTNUT RIDGE ROAD	
		City, State, Zip Code MUNTALE, NJ 07645		Date: _____	
		Name of Contact STELLA		Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BROSTEEL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 85 CHESTNUT RIDGE ROAD			Square Feet 94,000		# of Floors 2
City (5) MUNTALE			Current Use (Prior if being demolished) OFFICE		Bldg. Age 55
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Name of Monitoring Firm Hired by Building Owner (8) BIO TERRA ENVIRONMENTAL SOLUTIONS	
Street Address PO BOX 1224		ASCM No. _____		Name of Abatement Contractor (9) A. MAC CONTRACTING INC	
City, State, Zip Code LANING NJ 07033		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm RICK		Telephone No. 973-494-3762		Telephone No. 201-262-5841	
Start Date (10) 4/25/15		Scheduled Completion Date (11) 4/28/15		Name of OSHA Monitor Omega Environmental Services Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours AF: 3:00 <input type="checkbox"/> Other - Describe: _____			Street Address 280 Myer Street		
			City, State, Zip Code Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Exempted Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or L)	
TOP FLOOR				DUCT INSULATION 400 SF	
Name of Registered Waste Hauler Newark Carling, Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2	
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/25/15 on		Name of Registered Landfill IESI PA Bethlehem andfill Corp.	
				City, State, Zip Code Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature R. McDonald	
				Date 4/24/15	

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

Date of Notification (1) <p style="text-align: center;">April 24, 2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">ALL GGG</p>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2031 Route 9	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Toms River, NJ 08755	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		
		Name of Contact	Telephone Number
		Dan Quinn	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Building</p>			Type of Facility (4)		
Street Address <p style="text-align: center;">174 US 22 West</p>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter S (other than k-12)		
City <p style="text-align: center;">Springfield</p>			County (6) <p style="text-align: center;">Union</p>		
County Code (7) (STATE USE ONLY)			Square feet	# of floors	Bldg. Age
			10,000 sf		70
			Current Use (Prior if being demolished) <p style="text-align: center;">Building</p>		
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			ASCM No.	Name of Abatement Contractor (9)	
				Guardian Contracting, Inc.	
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		0624
Scheduled Start Date (10) 4/24/15		Scheduled Completion Date (11) 4/29/15		Name of OSHA Monitor	
				E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Variable 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 CF)	Abatement Type				
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior		X		Roofing	9200	X				
Exterior		X		Flashing	500	X				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 60	Name of Registered Landfill T.R.R.F.						
City, State Toms River, New Jersey		Disposal Date 4/30/15	City, State Tullytown, Pennsylvania							
Completed by (Print or Type) Nicholas Femicola		Title Project Manager	Signature <i>Nicholas Femicola</i>			Date 4/24/2015				

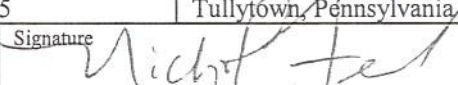
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) <p style="text-align: center;">April 24, 2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">DeForest Demolition</p>		26622	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <p style="text-align: center;">2406 Herbertsville Road</p>		20 4/24/15
			City, State, Zip Code <p style="text-align: center;">Point Pleasant, NJ 08742</p>		
			Name of Contact <p style="text-align: center;">Dane</p>	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter S (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <p style="text-align: center;">206 Sailfish Way</p>			Square feet <p style="text-align: center;">900 sf</p>		
City <p style="text-align: center;">Lavallette</p>		County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age <p style="text-align: center;">60</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number <p style="text-align: center;">732-349-9932</p>	
Scheduled Start Date (10) <p style="text-align: center;">4/27/15</p>		Scheduled Completion Date (11) <p style="text-align: center;">4/28/15</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Variable 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 %)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			
Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>		NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>		Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>				
City, State <p style="text-align: center;">Toms River, New Jersey</p>		Disposal Date <p style="text-align: center;">4/29/15</p>		City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>					
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>		Title <p style="text-align: center;">Project Manager</p>		Signature 		Date <p style="text-align: center;">4/24/2015</p>			

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