

6545 - NJ

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

Initial Friable Notification

Check #: 6887

Date of Notification (1) 04/07/17		Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOGL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 1445 Rt. 31 S.		City, State, Zip Code Annandale, NJ 08801	
Name of Contact William Mowery, Facilities Director		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High School		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 1445 Rt. 31 S.		Square Feet 50,000	
City (5) Annandale, NJ 08801		# of Floors 2	
County (6) Hunterdon		Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School Building	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
ASCM No. 004		Street Address 180 Sargeant Avenue	
Street Address 3 Crosswicks St.		City, State, Zip Code Clifton, NJ 07013-1935	
City, State, Zip Code Bordentown, NJ 08505		Telephone Number 973-614-0377	
Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer		License Number 00807	
Telephone Number 609-298-5520		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Start Date (10) 04/19/17		Street Address 180 Sargeant Avenue	
Sched. Completion Date (11) 04/24/17		City, State, Zip Code Clifton, NJ 07013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			

## Scope of Work (Check all that apply)

☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf
☒ Renovation
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	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 N C I O S U R E
Faculty Dining Room		<input checked="" type="checkbox"/>		Fitting Insulation	4 each	<input checked="" type="checkbox"/>			
Faculty Dining Foyer		<input checked="" type="checkbox"/>		Fitting Insulation	6 each	<input checked="" type="checkbox"/>			
Men's & Women's Lavatory		<input checked="" type="checkbox"/>		Fitting Insulation	2+8 each	<input checked="" type="checkbox"/>			
Library		<input checked="" type="checkbox"/>		Fitting Insulation	5 each	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA					
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 4/7/17			



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

Date of Notification (1)

4/7/2017

Name of Building Owner/Operator (2)

Michael Franey

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial  
Notification☐ Amended  
Notification☐ EMERGENCY☐ Cancellation

Street Address

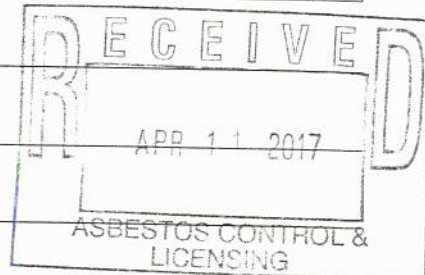
City, State, Zip Code

Butler, NJ, 07405

Name of Contact

Michael Franey

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Michael Franey

Street Address

City (5)

Butler

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial  
buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building  
Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

4-17-17

Sched. Completion Date (11)

4-18-17

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period  
of Abatement☐ Abatement Performed Outside of Normal Facility  
Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf☐ ≥160 sf or ≥260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glove-bag Procedure☐ Non-Priable 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			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe insulation	110LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste  
Hauler ID No.  
17040Cubic Yards  
of Waste 1.5

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

4-19-17

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

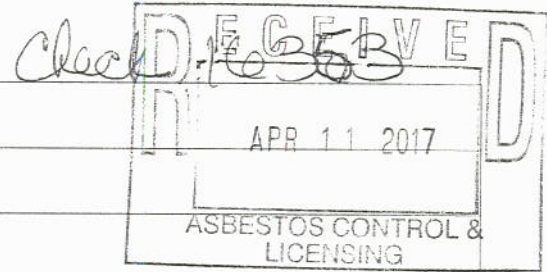
President

Signature

Date

4/7/2017

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



Date of Notification (1) 4/6/17		Name of Building Owner/Operator (2) Colonnelli Bros., Inc.	
Agencies Notified	Type Notification	Street Address 409 South River Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact Hank	Telephone Number _____

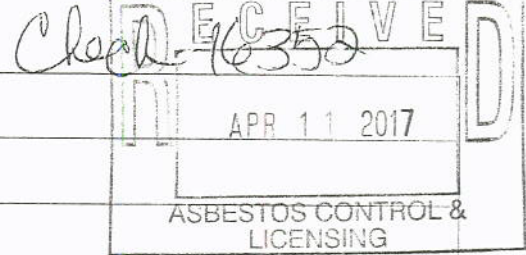
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2700	# of Floors 2
City (5) Hackensack		Bldg. Age 63	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
ASCM No. _____		ABS Environmental Services, LLC	
Street Address _____		Street Address P.O. Box 483, 4 E Gate Drive	
City, State, Zip Code _____		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm _____		Telephone No. 973-764-2276	License No. 703
Start Date (10) 4/18/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor _____	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
exterior			x	shingle siding	2,800 SF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 4/6/17

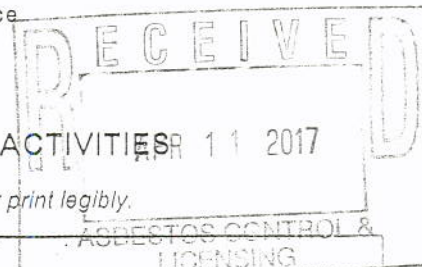


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/6/17		Name of Building Owner/Operator (2) American Properties Realty, Inc.							
Agencies Notified	Type Notification	Street Address 517 Route One South, Suite 2100							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Iselin, NJ 08830-3011							
		Name of Contact Tom Mullen	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2800	# of Floors 2						
City (5) Pennington		Bldg. Age 66							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address FO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/18/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: roof		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
lower roof			x	pitch layer material	600 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 4/6/17			





NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CK

I. NOTIFICATION INFORMATION

Date of Notification: 4 / 6 / 17

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☐ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: American Properties Realty, Inc

Street Address: 517 Route 1 S, Suite 2100 City: Iselin State: NJ Zip: 08830

Name of Contact: Tom Mullen Telephone No. \_\_\_\_\_

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: 105 West Franklin Avenue

Describe Facility Use: vacant

Street Address: 105 W Franklin Ave City: Pennington State: NJ Zip: \_\_\_\_\_

County Name: Mercer County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 4 / 18 / 17 Scheduled Completion Date: 5 / 31 / 17

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>320</u>	Percentage Asbestos: <u>2</u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>320</u>	Percentage Asbestos: <u>2</u> %
<input type="checkbox"/> Transite	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Siding	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: _____ %

IV. CONTRACTOR INFORMATION

Company Name: ABS Environmental Services, LLC Telephone No.: 973-764-2276

Street Address: 4 E Gate, PO Box 483 City: Glenwood State: NJ Zip: 07418

New Jersey Asbestos License Number (if applicable): 703

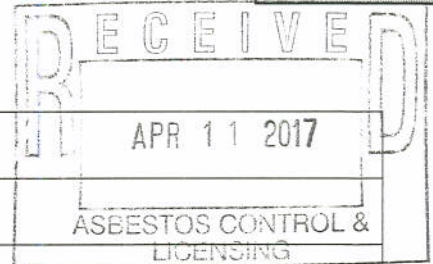
Monitoring Firm (if applicable): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

V. SIGNATURE

Completed By  
(type or print legibly): A. Scott Higgins Title: President

Signature: \_\_\_\_\_ Date: 4/6/17

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



MO 936549011

Date of Notification (1) 04/01/2017		Name of Building Owner/Operator (2) Scott Frediemamm							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn, NJ 07041							
		Name of Contact Scott Frediemamm							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Millburn, NJ 07041		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc						
Street Address		Street Address 1 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 04/12/2017	Scheduled Completion Date (11) 04/13/2017	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	150 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 04/01/2017		

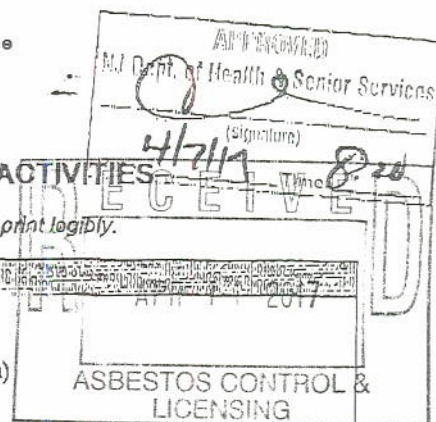


New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0359  
Telephone: 609-826-4950 Fax: 609-826-4975

# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CK



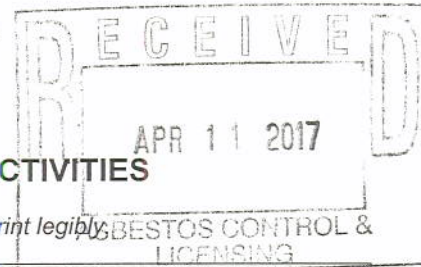
NOTIFICATION INFORMATION	
Date of Notification:	4 / 6 / 2017
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended
<input type="checkbox"/> Cancellation	<input checked="" type="checkbox"/> Emergency (must include justification)
Type of Work:	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation

BUILDING INFORMATION	
Name of Building Owner/Operator:	Cherry Hill Public Schools
Street Address:	1157 Marlkrass Road
City:	Cherry Hill
State:	NJ
Zip:	08003
Name of Contact:	Tom Carter
Telephone No.:	

FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place:	Cherry Hill High School East
Describe Facility Use:	School
Street Address:	1750 Kresson Road
City:	Cherry Hill
State:	NJ
Zip:	08003
County Name:	Camden
County Code (State Use Only):	
Scheduled Start Date:	4 / 7 / 2017
Scheduled Completion Date:	4 / 8 / 2017
Occupancy Status During Activity (check only one):	
<input type="checkbox"/> Facility Closed/Vacated During Entire Activity	
<input checked="" type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: 3pm-12am	
<input type="checkbox"/> Other—Describe:	
Scope of Work (check all that apply):	
<input checked="" type="checkbox"/> Floor Tile	Square Footage: 180 SF
<input checked="" type="checkbox"/> Mastic	Square Footage: 180 SF
Percentage Asbestos:	%
Percentage Asbestos:	%

CONTRACTOR INFORMATION	
Company Name:	Shade Environmental, LLC
Telephone No.:	856-755-0099
Street Address:	623 Cutler Avenue
City:	Maple Shade
State:	NJ
Zip:	08052
New Jersey Asbestos License Number (if applicable):	00842
Monitoring Firm (if applicable):	TTI Environmental, Inc.
Telephone No.:	856-840-8800

SIGNATURE	
Completed By (type or print legibly):	Christina Lynch
Title:	Vice President of Operations
Signature:	
Date:	April 6, 2017



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CH

### I. NOTIFICATION INFORMATION

Date of Notification: 4 / 7 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: Pennsauken Board of Education

Street Address: 1695 Hylton Road City: Pennsauken State: NJ Zip: 08110

Name of Contact: Jack Killion Telephone No. \_\_\_\_\_

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Pennsauken High School

Describe Facility Use: School

Street Address: 800 Hylton Road City: Pennsauken State: NJ Zip: 08110

County Name: Camden County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 4 / 17 / 2017 Scheduled Completion Date: 4 / 21 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 3,365 SF Percentage Asbestos: \_\_\_\_\_ %

☒ Mastic Square Footage: 3,365 SF Percentage Asbestos: \_\_\_\_\_ %

### IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Arcadis U.S., Inc. Telephone No.: 267-685-1711

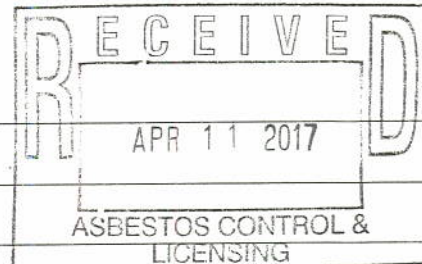
### V. SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations

Signature:  Date: April 7, 2017



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



Ch 2010

Date of Notification (1) 04-07-2017		Name of Building Owner / Operator (2) Kennedy University Hospital	
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	Street Address	
	<input checked="" type="checkbox"/> Initial	2201 Chapel Hill Campus	
	<input type="checkbox"/> Amended	City, State & Zip Code	
	<input type="checkbox"/> Emergency	Cherry Hill, NJ 08002	
	<input type="checkbox"/> Cancellation	Name of Contact	
		Mr. James Barth	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-Construction Area		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 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2
City (5) Cherry Hill, NJ		County (6) Camden	Bldg. Age 52
County Code (7)		Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185
Scheduled Start Date (10) 04-21-2017	Scheduled Completion Date (11) 04-26-2017	Name of OSHA Monitor J&S Environmental Laboratories, 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: 2 <sup>nd</sup> shift-Friday, Saturday & Sunday & Day Shift-Monday Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

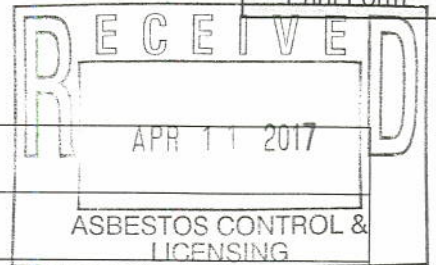
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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	Encapsulat	Enclosure
Ramp area in Construction area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray applied fire proofing	35 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"/>
	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 04/07/2017

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



Date of Notification (1) 4/7/17		Name of Building Owner/Operator (2) Ed B Forsythe National Wildlife Refuge							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	800 Great Creek Rd.	Galloway NJ 08205						
		Name of Contact Larry Smith	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ed B Forsythe National Wildlife Refuge		Type of Facility (4)							
Street Address 800 Great Creek Rd.		<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) Galloway NJ 08205		Square Feet 1000+	# of Floors 1						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/20/17	Scheduled Completion Date (11) 4/24/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Windows			x	Window Glazing	23 units	x			
Name of Registered Waste Hauler Transformation Ent.		NJDEP Waste Hauler ID No. 18952	Cubic Yards of Waste 10	Name of Registered Landfill ACUA					
City, State Egg Harbor NJ		Disposal Date 4/25/17		City, State Egg Harbor Township NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 4/7/17			



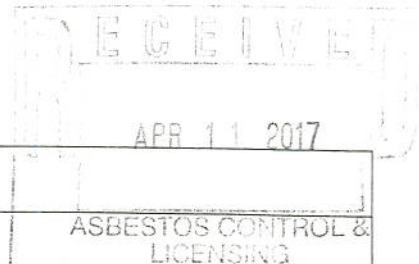
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)



<b>Date of Notification (1)</b> 4 / 6 / 17				<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.			
<b>Agencies Notified</b>				<b>Street Address</b>			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			
<b>Type Notification</b>				<b>City, State, Zip Code</b>			
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION				RAHWAY, NEW JERSEY 07065			
				<b>Name of Contact</b>		<b>Telephone Number</b>	
				Sandra M. Schenk			
<b>FACILITY INFORMATION</b>							
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION						<b>Type of Facility (4)</b>	
						<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 U						<b>Square Feet</b> 150	<b># of Floors</b> 1
<b>City (5)</b> RAHWAY						<b>Bldg. Age</b> - 30	
<b>County (6)</b> UNION			<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> VACANT		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 104		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Street Address</b> 13 SPOOK ROCK ROAD			
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901			
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH			<b>Telephone Number</b> 973-729-5649		<b>Telephone Number</b> 845-369-7500		<b>License Number</b> 1101
<b>Expected State Date (10)</b> 4 / 17 / 17 Month Day Year			<b>Sched. Completion Date (11)</b> 4 / 30 / 17 Month Day Year		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480		
<b>Occupancy Status During Abatement (Check only one)</b>						<b>Street Address</b> 117 EAST 30TH STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM						<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	
<b>Scope of Work (Check all that apply)</b>						<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF						<input checked="" type="checkbox"/> Renovation	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>			<b>Is Location normally used solely by Maint/Custodial Staff (12)</b>		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>		<b>Amount (Specify SF or LF)</b>
			Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
BUILDING U - 1ST FLOOR					VAT		120 SQ. FT.
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY			<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 5		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MCINTOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ			<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 4/6/17

NO CK

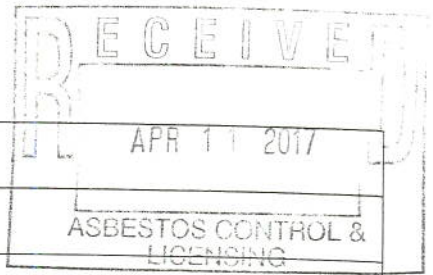
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>4-6-17</b>		Name of Building Owner/Operator (2) <b>City of New Brunswick</b>							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>78 Bayard Street</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08903</b>							
		Name of Contact <b>Daniel Torrisi</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>D &amp; R Canal Pump Station</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1010 George Street</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>						
City (5) <b>New Brunswick</b>		Bldg. Age <b>65yrs.</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Water Treatment Plant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Mott MacDonald</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>111 Wood Avenue South</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Iselin, NJ 08830</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Carol Walczyk</b>		Telephone No. <b>800-832-3272</b>	Telephone No. <b>610-239-9920</b>						
License No. <b>00398</b>									
Start Date (10) <b>4-24-17</b>	Scheduled Completion Date (11) <b>5-25-17</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:00AM-4:00PM</b>		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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 system; insulation, surfacing, V.A.T, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor	x			pipe insulation	300 LF	x			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>5-25-17</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>James Kelly</b>		Title <b>President</b>		Signature 				Date <b>4-6-17</b>	

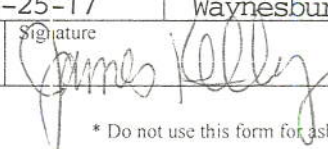


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>4-6-17</b>		Name of Building Owner/Operator (2) <b>City of New Brunswick</b>							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>78 Bayard Street</b>	<b>New Brunswick, NJ 08903</b>						
		Name of Contact	Telephone Number						
		<b>Daniel Torrisi</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Water Treatment Plant</b>		Type of Facility (4)							
Street Address <b>1 Comstock Street</b>		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>New Brunswick</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>						
County (6) <b>Middlesex</b>		Bldg. Age <b>65yrs.</b>							
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>Water Treatment Plant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates</b>		ASCM No.	Name of Abatement Contractor (9)						
Street Address <b>3 Terri Lane</b>			<b>Plymouth Environmental Co., Inc.</b>						
City, State, Zip Code <b>Burlington, NJ 08016</b>		Street Address <b>923 Haws Avenue</b>	City, State, Zip Code <b>Norristown, PA 19401</b>						
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-571-7522</b>	Telephone No. <b>610-239-9920</b>						
Start Date (10) <b>4-24-17</b>		Scheduled Completion Date (11) <b>5-25-17</b>	License No. <b>00398</b>						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:00AM-4:00PM</b>		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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 system's insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			boiler insulation	460 SF	x			
				pipe insulation	150 LF	x			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>5-25-17</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>James Kelly</b>		Title <b>President</b>		Signature 		Date <b>4-6-17</b>			

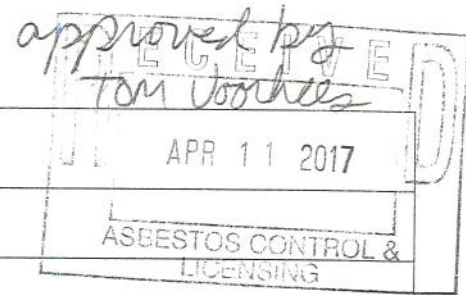
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>4-6-17</b>		Name of Building Owner/Operator (2) <b>City of New Brunswick</b>		APR 11 2017					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>78 Bayard Street</b>		ASBESTOS LIC. # <b>111</b>				
			City, State, Zip Code <b>New Brunswick, NJ 08903</b>						
			Name of Contact <b>Daniel Torrisi</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Water Treatment Plant</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>1 Comstock Street</b>				Square Feet <b>10,000</b>	# of Floors <b>2</b>				
City (5) <b>New Brunswick</b>				Bldg. Age <b>65yrs.</b>					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Water Treatment Plant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates</b>		ASCM No. _____		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>					
Street Address <b>3 Terri Lane</b>		Street Address <b>923 Haws Avenue</b>		City, State, Zip Code <b>Norristown, PA 19401</b>					
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-571-7522</b>		Telephone No. <b>510-239-9920</b>	License No. <b>00398</b>				
Start Date (10) <b>4-24-17</b>		Scheduled Completion Date (11) <b>5-25-17</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>4:00PM - 12:00AM</b>				Street Address <b>923 Haws Avenue</b>					
				City, State, Zip Code <b>Norristown, PA 19401</b>					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <b>wrap &amp; cut</b> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal system; insulation, surfacing, V.A.T, or other miscellaneous)	Amount (Specify SF or LF) <b>65 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1st Floor-Gravity filter</b>		<b>x</b>		<b>pipe insulation</b>		<b>x</b>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>5-25-17</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>James Kelly</b>		Title <b>President</b>		Signature 			Date <b>4-6-17</b>		



CH# 3195

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

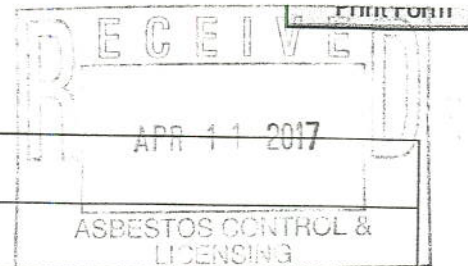


Date of Notification (1) <u>4</u> / <u>6</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>St Francis Medical Center</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 Hamilton Ave</b> City, State, Zip Code <b>Trenton NJ 08629</b> Name of Contact <b>Rita Gelli</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St Francis Medical Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>601 Hamilton Ave</b>		Square Feet <b>70,000</b>							
City (5) <b>Trenton</b>		# of Floors <b>3</b>							
County (6) <b>MERCER</b>		Bldg. Age <b>60+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.							
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Rollie Jones</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-3040</b>							
Start Date (10) <u>4</u> / <u>7</u> / <u>17</u>		License No. <b>00509</b>							
Scheduled Completion Date (11) <u>4</u> / <u>8</u> / <u>17</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
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 <b>4:00 PM - 12:30 AM</b>		Street Address <b>1123 BEAVER STREET</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min -Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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
1 <sup>ST</sup> Flr Micro Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 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 <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>1 Cu Yd</b>		Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>			
City, State <b>BRISTOL, PA 19007</b>		Disposal Date <b>4/10/17</b>		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>4-6-17</b>			



CK 1179

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 17:27)



Date of Notification (1) 04/08/17		Name of Building Owner/Operator (2) APEX LUXURY HOME LLC.							
Agencies Notified	Type Notification	Street Address 72. EVERETT RD.	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DEMAREST NJ.07627							
		Name of Contact ELAN SEIDNMAN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,480	# of Floors 1 STORY						
City (5) DEMAREST NJ. 07627		Bldg. Age 86							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 112- 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201.776.0642	License No. 01300						
Start Date (10) 04/08/17	Scheduled Completion Date (11) 04/09/17	Name of OSHA Monitor EMSL ANALITYCAL 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 307 W. 38TH ST. City, State, Zip Code NEW YORK NY. 10018							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		TRANSITE SIDING	1,130 SF.	X			
BASEMENT		X		VAT. FLOOR TILE	130 SF.	X			
Name of Registered Waste Hauler TRI - STATE - ASSOCC.		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANGER		Signature 		Date 04/01/17			



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

Check # 9947

APR 11 2017

Date of Notification (1) <b>4-7-17</b>		Name of Building Owner/Operator (2) <b>Mark Franchi Demolition + Yard Services</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>348 Hurlfville - Greenloch Road</b>	
		City, State, Zip Code <b>Sewell, NJ 08080</b>	
		Name of Contact <b>Mark Franchi</b>	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>[REDACTED]</b>		Square Feet	
City (5) <b>Lindenwold, NJ</b>		# of Floors <b>1</b>	Bldg. Age <b>50+</b>
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>4-18-17</b>	Scheduled Completion Date (11) <b>4-20-17</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</b>	

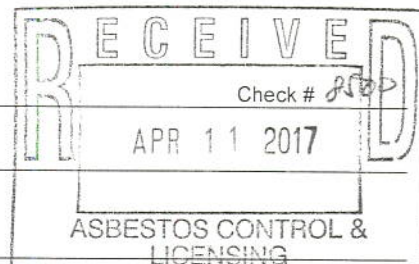
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior walls			X	Siding Shingles	1500 SF	X			

Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>4-20-17</b>	City, State <b>Morrisville PA</b>		
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>4-7-17</b>	



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

Date of Notification (1) 4/5/17		Name of Building Owner/Operator (2) Stevens University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 1 Castle Point on Hudson	
	City, State, Zip Code Hoboken, NJ 07030		
	Name of Contact David Hernandez	Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Stevens University – Howe Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Castle Point on Hudson			Square Feet 60000		
City (5) Hoboken			County (6) Hudson	County Code (7) (STATE USE ONLY)	# of Floors 13
Name of Monitoring Firm Hired by Building Owner TTI Environmental			ASCM No. 0003		
Street Address 1253 N. Church St.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Moorestown, NJ 08057			Street Address 323 Changebridge Road, Suite 100		
Project Manager for Monitoring Firm Jeffrey Seaman			City, State, Zip Code Pine Brook, NJ 07058		
Telephone Number 856-840-8800			Telephone Number 973-575-8700		
Sched. Start Date (10) 4/18/17			License Number 00852		
Sched. Completion Date (11) 5/31/17			Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

☐ Renovation

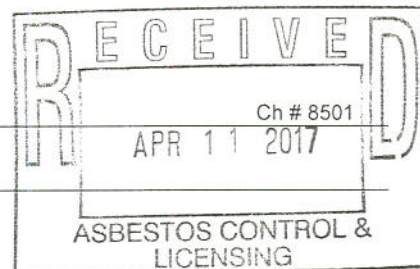
- ☒ Full Containment with Negative Pressure  
☐ Mini – Enclosure  
☐ Glovebag Procedure  
☐ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	E
9 <sup>th</sup> floor		x		TSI	250 LF	X				
9 <sup>th</sup> floor		x		VAT/mastic	6500 SF	X				
9 <sup>th</sup> floor		x		Spray-on	1760 SF	x				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 60	Name of Registered Landfill Alliance Landfill
City, State Pine Brook, NJ	Disposal Date 5/23/17	City, State Taylor, PA	
Completed By (Print or Type) Pam Repic	Title General Manager	Signature 	Date 4/5/17



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



Date of Notification (1) <b>4/5/17</b>		Name of Building Owner/Operator (2) <b>Tom Ingenito</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification  <input checked="" type="checkbox"/> Initial Notification  <input type="checkbox"/> Amended Notification  <input type="checkbox"/> Cancellation	Street Address <b>[REDACTED]</b>	
	City, State, Zip Code <b>North Arlington, NJ 07031</b>		
	Name of Contact <b>Tom Ingenito</b>		
		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>[REDACTED]</b>			Square Feet: <b>1500</b> # of Floors: <b>2</b> Bldg. Age: <b>~95</b>		
City (5) <b>North Caldwell</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence		
Name of Monitoring Firm Hired by Building Owner <b>N/A</b>		ASCM No. <b>000</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address			Street Address <b>323 Changebridge Rd., Suite 100</b>		
City, State, Zip Code			City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>4/21/17</b>	Sched. Completion Date (11) <b>4/30/17</b>		Name of OSHA Monitor <b>Iris Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

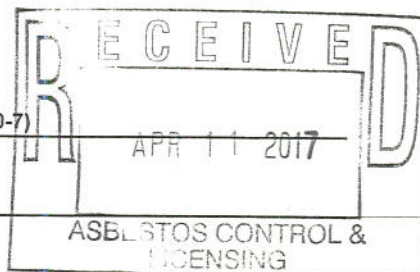
☐ Renovation

- ☐ Full Containment with Negative Pressure  
☐ Mini – Enclosure  
☒ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	R	E	E	N	N		
Attic, closet		x		Vermiculite insulation	1200 SF	x							
Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>		Cubic Yards Of Waste <b>15</b>	Name of Registered Landfill <b>Alliance Landfill</b>								
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>4/11/17</b>		City, State <b>Taylor, PA</b>									
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>		Signature 				Date <b>4/5/17</b>					

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



Date of Notification 0   4   0   6   1   7		Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS	
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification Initial Amended Amendment #1 Emergency X Cancellation	
Street Address 99 BEAUVIOR AVENUE		City, State, Zip Code SUMMIT, NJ 07901	
Name of Contact MARTIN MANFREDO		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place OVERLOOK HOSPITAL		Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 99 BEAUVIOR AVENUE		SF of Bldg. 1000000 # Floor 13 Age of Bldg.	
City SUMMIT, NJ	County UNION	County Code State use Only	Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Building Owner Partner Engineering and Science		ASCM No.	
Street Address 611 Industrial Way West		Name of Abatement Contractor ACM CONSULTING CORP.	
City, State, Zip Code Eatontown, NJ 07724		Street Address 2150 STANLEY TERRACE	
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008
Scheduled Start Date CANCEL		License Number 00575	
Scheduled Completion Date		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 7:30PM TO 3:30AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118	
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation		Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure	
Location of ACM Facility	Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed PIPE INSULATION	Amount to be Removed (Specify SF/LF) 750LF
2nd Floor Mechanical Room Chase			Abatement Type Rem. Rep. X
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds. waste TBD
City, State BRONX, NY		Disposal Date TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC.
Completed By (Print or Type) Anita Smolar		Title GENERAL MANAGER	Signature <i>Anita Smolar</i> Date 4/6/2017



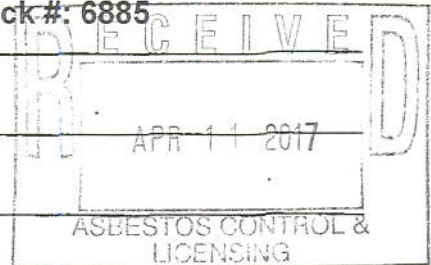
6544 - NJ

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

Initial Friable Notification

Check #: 6885

Date of Notification (1) 04/05/17		Name of Building Owner/Operator (2) Jersey City Free Public Library	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 472 Jersey Avenue		City, State, Zip Code Jersey City, NJ 07302	
Name of Contact Priscilla Gardner, Library Director		Telephone Number	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey City Free Public Library		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 472 Jersey Avenue		Square Feet # of Floors Bldg. Age 50,000 4 50	
City (5) Jersey City, NJ 07302		County (6) Hudson	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Library Building	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.		ASCM No. 00110	
Street Address 116 Tices Lane, Unit B-1		City, State, Zip Code East Brunswick, NJ 08816	
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	
Scheduled Start Date (10) 04/17/17		Sched. Completion Date (11) 04/28/17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
		Street Address 180 Sargeant Avenue	
		City, State, Zip Code Clifton, NJ 07013-1935	
		Telephone Number 973-614-0377	
		License Number 00807	
		Name of OSHA Monitor Four Strong Builders, Inc.	
		Street Address 180 Sargeant Avenue	
		City, State, Zip Code Clifton, NJ 07013	

## Scope of Work (Check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation

- ☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E
Attic area	<input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 4/5/17



Date of Notification (1) 04/05/17		Name of Building Owner/Operator (2) Jersey City Free Public Library	
Agencies Notified	Type Notification	Street Address 472 Jersey Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Jersey City, NJ 07302	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Priscilla Gardner, Library Director	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey City Free Public Library		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 472 Jersey Avenue		Square Feet 50,000	
City (5) Jersey City, NJ 07302		# of Floors 4	Bldg. Age 50
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Library Building	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
ASCM No. 00110		Street Address 180 Sargeant Avenue	
Street Address 116 Tices Lane, Unit B-1		City, State, Zip Code Clifton, NJ 07013-1935	
City, State, Zip Code East Brunswick, NJ 08816		Telephone Number 973-614-0377	
Project Manager for Monitoring Firm Kevin Lovely		License Number 00807	
Telephone Number 732-390-5858		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Start Date (10) 04/17/17		Street Address 180 Sargeant Avenue	
Sched. Completion Date (11) 04/28/17		City, State, Zip Code Clifton, NJ 07013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			

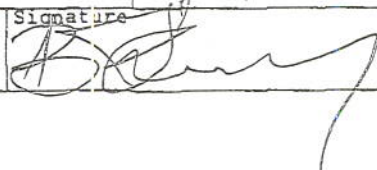
## Scope of Work (Check all that apply)

☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation

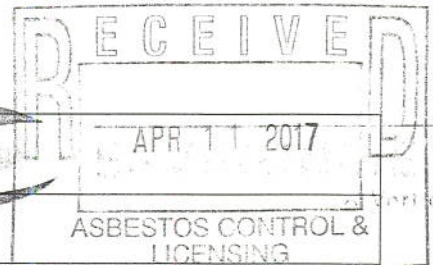
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
Attic area	<input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 4/5/17	



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



Date of Notification (1) <b>4 / 3 / 17</b>		Name of Building Owner/Operator (2) <b>CONNECTIONS Co</b> Township of Woodbridge							
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 checked="" type="checkbox"/> Amended Amendment # <b>1-4/4/17</b> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Main Street</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b>	April 3, 2017						
		Name of Contact <b>Construction office</b>	Telephone Number <b>Mr. Anthony Bristol Env</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residential</b>		Type of Facility (4) (017) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>9 Federal Street</b>		Square Feet	# of Floors						
City (5) <b>Metuchen</b>		Bldg. Age							
County (6) <b>Woodbridge</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dominick Dercole</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>04 / 04 / 17</b>	Scheduled Completion Date (11) <b>04 / 04 / 17</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8AM-4PM</b> PM- AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Min-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout residence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout residence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue insulation	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	0	<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 <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>4/5/2017</b>	City, State <b>WAYNESBURG, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>				Date <b>4/4/17</b>		



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

*Approved by Tom*  
*WORKER*  
*CHK # 3191*

**NOCK**

Date of Notification (1) <u>4</u> / <u>3</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Township of Woodbridge</b>	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Main Street</b>	
		City, State, Zip Code <b>Woodbridge, NJ 07095</b>	
		Name of Contact <b>Construction office</b>	Telephone Number

APR 11 2017  
**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residential</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>9 Federal Street</b>		Square Feet	# of Floors
City (5) <b>Metuchen</b>		Bldg. Age	
County (6) <b>Woodbridge</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Dominick Dercole</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <u>04</u> / <u>04</u> / <u>17</u>	Scheduled Completion Date (11) <u>04</u> / <u>04</u> / <u>17</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8AM-4PM</b> PM-____AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout residence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout residence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue insulation	TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	TBD	<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 <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>4/5/2017</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>4-3-17</b>		



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



Date of Notification (1) 4/5/17		Name of Building Owner/Operator (2) Lenape Regional High School District		APR 11 2017					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		93 Willow Grove Rd.					
				City, State, Zip Code Shamong NJ 08088					
		Name of Contact Anthony Vairo		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lenape High School				Type of Facility (4)					
Street Address 235 Hartford Rd				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Medford NJ 08055				Square Feet 1000+	# of Floors 2				
County (6) Burlington				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address PO Box 167				Street Address PO Box 329					
City, State, Zip Code Hammonton NJ 08037				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 4/17/17		Scheduled Completion Date (11) 4/19/17		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rm A-102 & A106			x	Pipe insulation	2 LF	x			
Rm A-105			x	Pipe insulation	4 LF	x			
Rms A,213/211/209/200/203/207			x	Floor Tile & mastic	4 SF each room	x			
A wing			x	wrap and repair pipe insul.	64 LF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.				
City, State Elm NJ				Disposal Date 4/19/17	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 4/5/17			



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CR

### I. NOTIFICATION INFORMATION

Date of Notification: 4 / 5 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: Victoria Harvey

Street Address: [REDACTED] City: Williamstown State: NJ Zip: 08094

Name of Contact: Victoria Harvey Telephone No.

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Harvey Residence

Describe Facility Use: Residence

Street Address: [REDACTED] City: Williamstown State: NJ Zip: 08094

County Name: Gloucester County Code (State Use Only):

Scheduled Start Date: 4 / 14 / 2017 Scheduled Completion Date: 4 / 15 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe:

☐ Other—Describe:

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 150 SF Percentage Asbestos:  %

☐ Mastic Square Footage:  Percentage Asbestos:  %

### IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

### V. SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations

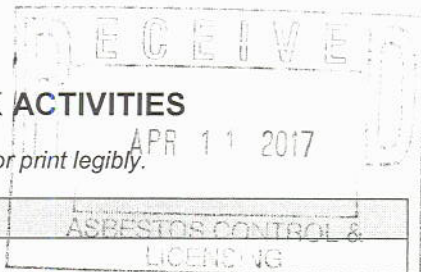
Signature: [Signature] Date: April 5, 2017



**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CK



**I. NOTIFICATION INFORMATION**

Date of Notification: 4 / 4 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

**II. BUILDING INFORMATION**

Name of Building Owner/Operator: Darryle Sterling  
Street Address: [REDACTED] City: Willingboro State: NJ Zip: 08046  
Name of Contact: Darryle Sterling Telephone N

**III. FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: Sterling Residence  
Describe Facility Use: Residence  
Street Address: [REDACTED] City: Willingboro State: NJ Zip: 08046  
County Name: Burlington County Code (State Use Only):   
Scheduled Start Date: 4 / 13 / 2017 Scheduled Completion Date: 4 / 15 / 2017

**Occupancy Status During Activity (check only one):**

☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe:   
☐ Other—Describe:

**Scope of Work (check all that apply):**

☒ Floor Tile Square Footage: 280 SF Percentage Asbestos: %  
☒ Mastic Square Footage: 280 SF Percentage Asbestos: %

**IV. CONTRACTOR INFORMATION**

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099  
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052  
New Jersey Asbestos License Number (if applicable): 00842  
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

**V. SIGNATURE**

Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations  
Signature: [Signature] Date: April 4, 2017

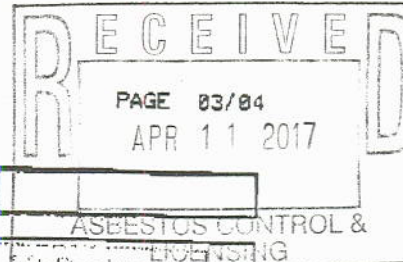
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK # 0565

Date of Notification (1) 4/5/17		Name of Building Owner/Operator (2) Ahmad Abbas							
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 [REDACTED]							
		City, State, Zip Code Saddle Brook, NJ 07663							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500	# of Floors 1						
City (5) Wayne		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 4/14/17	Scheduled Completion Date (11) 4/22/17	Name of OSHA Monitor Harmony 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 type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Siding	600 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature Tina Caporino			Date 4/5/17			



04/04/2017 08:23AM 9735381778



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

Check#2754

Date of Notification (1) 04 / 04 / 17		Name of Building Owner/Operator (2) Richard Viana		ASEBESTOS CONTROL & LICENSING DOL - 10/17/17	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	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 [REDACTED] City, State, Zip Code Summit, NJ 07901 Name of Contact Richard Viana		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Summit, NJ 07901 County (6) Union			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] Street Address [REDACTED] City, State, Zip Code [REDACTED]		ASGM No. [REDACTED]	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	Telephone No. 973-638-1777	License No. 01127	
Start Date (10) 04 / 05 / 17		Scheduled Completion Date (11) 04 / 06 / 17		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
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 AM			Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 ft <input type="checkbox"/> > 160 sf or > 280 ft <input 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"/> Gloves; Procedure <input type="checkbox"/> Tent with Negative Pressure <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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		[REDACTED]		Pipe insulation 20 LF	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJ DEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc. City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature [Signature]		Date 04/04/17

A89-41

MAY 11

\* 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)

ck # 0566

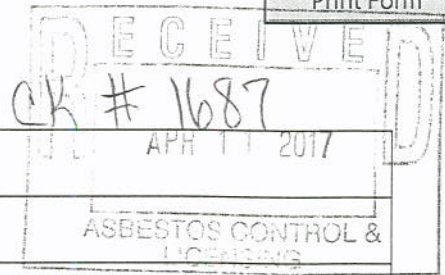
APR 11 2017

ASBESTOS CONTROL &  
LICENSING

Date of Notification (1) 4/5/17		Name of Building Owner/Operator (2) Honeywell							
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 101 Columbia Rd							
		City, State, Zip Code Morristown, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Bldg		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 115 River Rd		Square Feet 10,000	# of Floors 5						
City (5) Edgewater		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Bldg							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 4/20/17	Scheduled Completion Date (11) 5/15/17	Name of OSHA Monitor Harmony 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 type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roofing Material	10,000 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature Tina Caporino			Date 4/5/17			

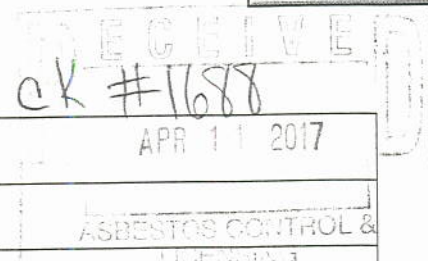


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/4/17		Name of Building Owner/Operator (2) South Brunswick Board of Education							
Agencies Notified	Type Notification	Street Address 4 Executive Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Monmouth Junction, NJ 08852							
		Name of Contact Thaddeus Thompson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Greenbrook School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 23 Roberts Street		Square Feet 30,000 +	# of Floors 3+						
City (5) Kendall Park, NJ 08824		Bldg. Age 50+							
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 3 Crossroads Street		Street Address 32 Willow Way							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-333-9176						
License No. 01331									
Start Date (10) 4/8/2017	Scheduled Completion Date (11) 4/15/2017	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 <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room New Wing			X	Breeching Insulation	30 SF	XX			
"			X	Pipe & Elbow Insulation	70 LF	XX			
"			X	Boiler Insulation	60 SF	XX			
Boiler Room Old Wing			X	Elbow Insulation	30 LF	XX			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 15 CY	Name of Registered Landfill Fairless Landfill, LLC					
City, State Woodland Park, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager	Signature 	Date 4/4/2017					

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

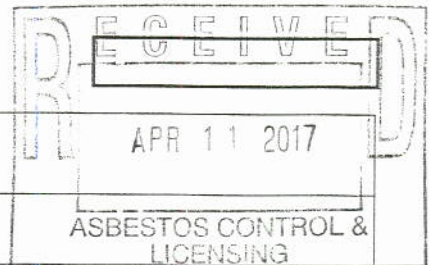


Date of Notification (1) 4/4/17		Name of Building Owner/Operator (2) South Brunswick Board of Education							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 4 Executive Drive						
			City, State, Zip Code Monmouth Junction, NJ 08852						
			Name of Contact Thaddeus Thompson						
			Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth Junction School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 630 Ridge Road		Square Feet 30,000 +	# of Floors 3+ Bldg. Age 50+						
City (5) Monmouth Junction, NJ 08852		Current Use (Prior if being demolished) School							
County (6) Middlesex County		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 3 Crossroads Street		Street Address 32 Willow Way							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-333-9176 License No. 01331						
Start Date (10) 4/13/2017	Scheduled Completion Date (11) 4/15/2017		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 <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., 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"/> 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 (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Multi Zone Room			X	Elbow Insulation	4 LF	XX			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 15 CY	Name of Registered Landfill Fairless Landfill, LLC					
City, State Woodland Park, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager	Signature 	Date 4/4/2017					



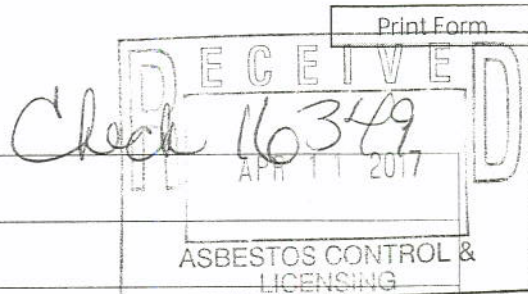
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 04 / 05 / 17		Name of Building Owner/Operator (2) Ms. McGowan							
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 [REDACTED] City, State, Zip Code Fair Lawn, NJ 07410							
		Name of Contact Ms. McGowan	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Fair Lawn, NJ 07410		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		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. 973-638-1777	License No. 01127						
Start Date (10) 04 / 14 / 17	Scheduled Completion Date (11) 04 / 15 / 17	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. # 35E 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 <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	50 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 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 04/05/17			

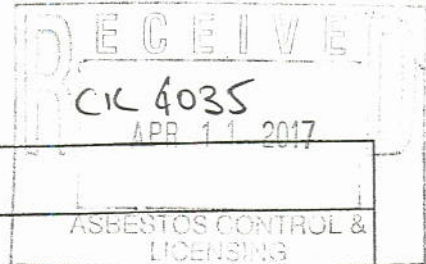
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/4/17		Name of Building Owner/Operator (2) Joe Balla							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07065							
		Name of Contact Joe	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<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) Rahway		Square Feet 2200	# of Floors 2						
		Bldg. Age 64							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/18/17	Scheduled Completion Date (11) 5/17/17	Name of OSHA Monitor							
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: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	95 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 4/4/17			



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



Date of Notification (1) <b>4/5/17</b>		Name of Building Owner/Operator (2) <b>MR. JOSE BURGOS</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>[REDACTED]</b>	
		City, State, Zip Code <b>EAST RUTHERFORD, NJ, 07073</b>	
		Name of Contact <b>TR. BURGOS</b>	Telephone Number _____

<b>FACILITY INFORMATION</b>	
Name of Facility Where Abatement is Taking Place (3) <b>MR. JOSE BURGOS</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address <b>[REDACTED]</b>	
City (5) <b>EAST RUTHERFORD</b>	Square Feet <b>1800</b> # of Floors <b>2</b> Bldg. Age <b>1948</b>
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No. _____
Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address <b>450 South River Street</b>	
City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Project Manager for Monitoring Firm	Telephone No. <b>201-329-7444</b> License No. <b>00388</b>
Start Date (10) <b>4/20/17</b>	Scheduled Completion Date (11) <b>4/21/17</b>
Name of OSHA Monitor <b>Omega Environmental</b>	
Street Address <b>280 Huyler Street</b>	
City, State, Zip Code <b>South Hackensack, NJ 07606</b>	

Occupancy Status During Abatement (Check Only One)	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:00 AM TO 5:00 PM</b>	
Scope of Work (Check All That Apply)	
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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 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, V.A.T, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BACK OF HOUSE</b>				<b>TRANSITE SIDING</b>	<b>500 SF</b>	<input checked="" type="checkbox"/>			
<b>BASEMENT</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>30 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>4 1/2 CY</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/21/17</b>	City, State <b>Waynesburg, OH 44688</b>
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>4/5/17</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:20 and 12:120)

Check # 9433

DOL - 10 DAY

ASBESTOS CONTROL &amp;

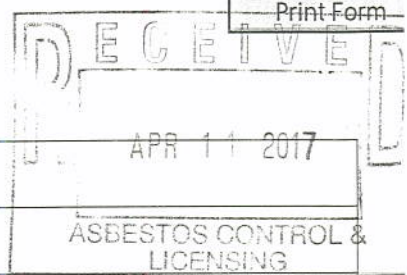
APR - 4 2017

WASTE APPROVED

Date of Notification (1) 4/4/17		Name of Building Owner/Operator (2) DAVID BRENNER		ASBESTOS CONTROL &	
Agency Notified <input checked="" type="checkbox"/> BPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
City, State, Zip Code WEST NEW YORK		Name of Contact DAVID		APR - 4 2017	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BRENNER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 4800	
City (5) WEST NEW YORK				# of Floors 3	
County (6) Hudson				Bldg. Age 62	
County Code (7) (STATE USE ONLY)				Current Use (Prior to being demolished) ARTS	
Name of Monitoring Firm Hired by Building Owner (8)		ASOM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address				Street Address 160 Vreeland Ave.	
City, State, Zip Code				City, State, Zip Code Midland Park, N.J.	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-6841	
Start Date (10) 4/4/17		Scheduled Completion Date (11) 4/7/17		License No. 00156	
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 Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> AS of or AS IF <input type="checkbox"/> >150 sf or >200 K <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				Street Address 280 Huyler Street	
				City, State, Zip Code Hartshorn, N.J. 07608	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) KITCHEN		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) API	
				Amount (Specify SF or LF) 20 LF	
				Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04309		Cubic Yards of Waste 1	
City, State Newark, N.J. 07105		Disposal Date 4/4/17		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Pan Argy, PA 08072		Signature R. McDonald		Date 4/4/17	



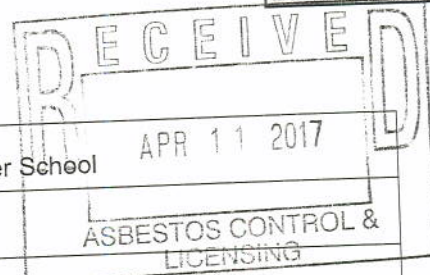
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



CK 2991

Date of Notification (1) 4/5/2017 Check # 2991		Name of Building Owner/Operator (2) Christ the King Parish/The Patrick School		APR 11 2017					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 411 Rutgers Avenue  City, State, Zip Code Hillside, NJ 07205  Name of Contact Father Luke  Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Patrick School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 397 Columbia Avenue				Square Feet 20,000 # of Floors 2 Bldg. Age 50+					
City (5) Hillside, NJ		County (6) UNION		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation					
Street Address _____		Street Address 426-69 Street							
City, State, Zip Code _____		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 201-295-1700 License No. 01074					
Start Date (10) 4/17/17		Scheduled Completion Date (11) 4/18/17		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 8:30 AM				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 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) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-Lower Level		X		9x9 tiles	7 SF		X		
Cafeteria		X		Pipe run	1 LF		X		
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill				
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA					
Completed by Gina Betances		Title Office Manager		Signature <i>Blucas</i>			Date 4/5/2017		

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



cn 2992

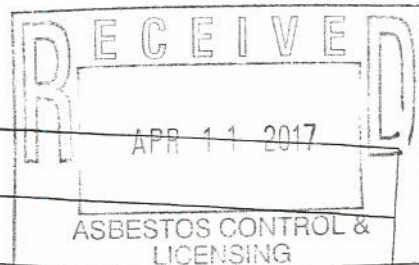
Date of Notification (1) 4/6/2017 Check # 2992		Name of Building Owner/Operator (2) St John the Baptist/Golden Door Charter School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 3044 Kennedy Blvd		City, State, Zip Code Jersey City, NJ 07306							
Name of Contact Paul Velelis		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Golden Door Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3044 Kennedy Blvd		Square Feet 50,000	# of Floors 3						
City (5) Jersey City		Bldg. Age 60+							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) EA Services Corporation							
City, State, Zip Code		Street Address 426-69th Street							
Project Manager for Monitoring Firm		City, State, Zip Code Guttenberg, NJ 07093	Telephone No. 201-295-1700						
Start Date (10) 4/19/17		License No. 01074	Name of OSHA Monitor Same as above						
Scheduled Completion Date (11) 4/21/2017		Street Address							
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: Starting at 10:30 AM		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 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
Office Basement: Utility Room		x		Pipe Insulation	4 LF		x		
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ		Disposal Date tbd	City, State Newburg, PA						
Completed by Gina Betances		Title Office Manager	Signature 				Date 4/6/2017		

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



CH 4616

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



Date of Notification (1) 4/6/17		Name of Building Owner/Operator (2) First Baptist Church	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 981 Mill Ave		City, State, Zip Code Dorset NJ 08046	
Name of Contact Rob Lee		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Church			
Street Address 981 Mill Ave		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) Dorset		Square Feet	
County (6) Gloucester		# of Floors	
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delaware NJ 08005	
Telephone No.		Telephone No. 609-346-0916	
Start Date (10) 4/10/17		License No. 01070	
Scheduled Completion Date (11) 5/20/17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Boiler pipe Frontline Ceiling		Amount (Specify SF or LF) 25 SF 60 LF See 5/4/17	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	
City, State Delaware NJ		Cubic Yards of Waste	
Name of Registered Landfill WM of PA		Disposal Date TBD	
City, State Tolletown PA		Signature [Signature]	
Completed by Joseph T. Hill		Title V. President	
Date 4/6/17			



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

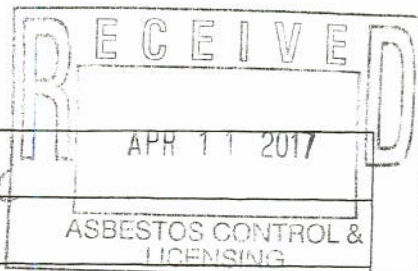
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APR 11 2017

CK 426116

Date of Notification (1) 4/16/17		Name of Building Owner/Operator (2) Cooper River Associates LLC		ASBESTOS CONTROL & LICENSING	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 6941 N Park Drive	
		City, State, Zip Code Pennsauken, NJ 08109			
		Name of Contact Bill Pounds			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Cooper River East			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 6941 N Park Drive			Square Feet 4600		
City (5) Pennsauken			# of Floors 4		
County (6) Camden			Bldg. Age 60 yrs		
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) Ami Joe Abatement Demolition LLC	
Street Address				Street Address 1212 Burlington Ave	
City, State, Zip Code				City, State, Zip Code Delanco NJ 08025	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-346-0916	
Start Date (10) 4/15/17		Scheduled Completion Date (11) 5/17/17		License No. C1070	
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: <u>Weld Rehab</u>				Name of OSHA Monitor	
				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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)	
		Yes No N/A			
2nd Floor				Window Crawl	
3rd Floor				Window	
4th Floor					
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547		Cubic Yards of Waste	
City, State Delanco NJ		Disposal Date TBD		Name of Registered Landfill WM of PA	
City, State Tullytown PA		Signature [Signature]		Date 4/6/17	
Completed by Joseph T Hall		Title V. President			



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



Date of Notification (1) <b>4/6/17</b>		Name of Building Owner/Operator (2) <b>Cobra Enterprises LLC</b>		APR 11 2017					
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 <b>31 Cliffwood Drive</b> City, State, Zip Code <b>Albion NJ 08501</b> Name of Contact <b>Alex</b> Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Warehouse</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>50 Washington Ave</b>			Square Feet						
City (5) <b>Milltown</b>			# of Floors						
County (6) <b>Middlesex</b>			Bldg. Age						
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) <b>AWI Joe Abatement Demolition LLC</b>					
Street Address				Street Address <b>1212 Burlington Ave</b>					
City, State, Zip Code				City, State, Zip Code <b>Delanco NJ 08025</b>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>609-346-0916</b> License No. <b>01070</b>					
Start Date (10) <b>4/17/17</b>		Scheduled Completion Date (11) <b>5/17/17</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
				See back of page					
Name of Registered Waste Hauler <b>AWI Joe LLC</b>		NJDEP Waste Hauler ID No. <b>20847</b>		Cubic Yards of Waste		Name of Registered Landfill <b>WM of PA</b>			
City, State <b>Delanco NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Milltown PA</b>					
Completed by <b>Joseph T Hall</b>		Title <b>V. President</b>		Signature 		Date <b>4/6/17</b>			

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

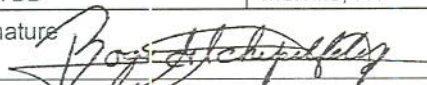
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Date of Notification (1) 04/06/17		Name of Building Owner/Operator (2) Brownmill, LLC	
Agencies Notified  (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type  ( ) Initial Notification (X) Amended Amendment # 3 ( ) Emergency (including justification) ( ) Cancellation	Street Address 1985 Cedar Bridge Avenue - Suite 1	
		City, State, Zip Code Lakewood, NJ 08071	
		Name of Contact Kevin Seise	

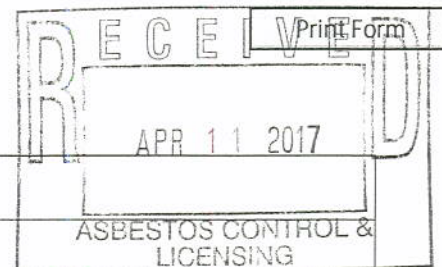
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APR 11 2017  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Browntown Shopping Center		Type of Facility (4)  ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2695 County Road 516 (Main Office) -> Store 2665		Square Feet	# of Floors
City (5) Old Bridge Township		Bldg. Age	
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EMWA	ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC	
Street Address 100 Misty Lane		Street Address 365 River Drive	
City, State, Zip Code Parsippany, NJ 07054		City State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Kevin Seise	Telephone Number (201) 923-7155	Telephone Number (973)685-9791	License Number 01191 "A"
Scheduled Start Date (10) 04/05/2017	Scheduled Completion Date (11) 05/05/2017	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one)  (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Source of Work (Check all that apply)  ( ) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation ( ) Demolition ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove bag Procedure (X) 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
Rear-Room #2			x	VAT & Mastic	200 SF	x			
Front Room			X	Mastic (Multiple layers)	400 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 110 Sand Landfill
City, State Garfield, NJ		Disposal Date TBD	City, State Melville, NY
Completed by Roque G Schipilliti	Title Project Manager	Signature 	Date 04/06/17





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

Ch 504

Date of Notification (1) 04-07-2017		Name of Building Owner/Operator (2) Estate of John & Dorothy Schiau							
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 [REDACTED] City, State, Zip Code West Orange NJ 07052 Name of Contact Ross Schiau Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) West Orange NJ 07052		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 04-18-2017		Scheduled Completion Date (11) 04-28-2017	License No. 01266						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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 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
Basement			x	VAT	500 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 5 CY	Name of Registered Landfill Fairless Hill					
City, State Woodland Park NJ 07424			Disposal Date 04-25-2017	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 04-07-2017					