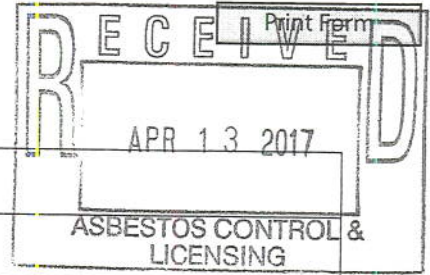


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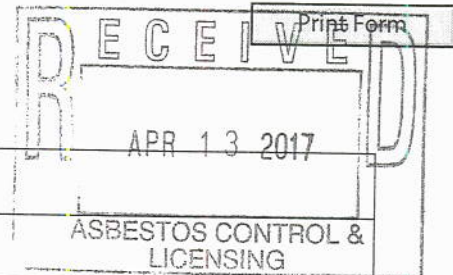
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/07/2017		Name of Building Owner/Operator (2) The Roxy Urban Renewal								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 62 West 45 Street 8th Floor		Telephone Number _____					
			City, State, Zip Code New York NY 10036							
			Name of Contact David Roth							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) The Roxy Building E			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 201 Cornelison Avenue			Square Feet 10000	# of Floors 9	Bldg. Age 60					
City (5) Jersey City New Jersey			Current Use (Prior if being demolished) Residential							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) Commercial Lab. Enterprises							
		ASCM No. _____	Name of Abatement Contractor (9) CPC Environmental Services Corp.							
Street Address 270 Swinton Avenue			Street Address 142 North 13th Street							
City, State, Zip Code Bronx NY 10467			City, State, Zip Code Newark NJ 07107							
Project Manager for Monitoring Firm Victor Escalona		Telephone No. 9177314588	Telephone No. 9733902416	License No. 01335						
Start Date (10) 04/19/2017		Scheduled Completion Date (11) 12/30/2017	Name of OSHA Monitor CPC Environmental Services Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 142 North 13th Street							
			City, State, Zip Code Newark NJ 07107							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	
craw space to 9th floor			x	Asbestos pipe insulation	1000	x				
9th floor roof			x	roofing material	1400 SQFT	x				
1st floor to 9th floor			x	window caulking	203 SQFT	x				
1st floor to 9th floor			x	Duct seam insulation	1000SQFT	x				
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town Re facility						
City, State Newark NJ 07102			Disposal Date	City, State						
Completed by Chika Onwukaife		Title president	Signature 		Date 04/07/2017					

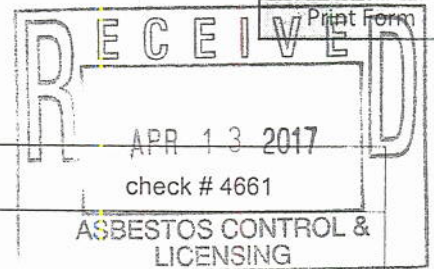
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/07/2017		Name of Building Owner/Operator (2) The Roxy Urban Renewal								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 62 West 45 Street 8th Floor							
	City, State, Zip Code New York NY 10036		Name of Contact David Roth							
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) The Roxy Building E		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 201 Cornelison Avenue		Square Feet 10000	# of Floors 9							
City (5) Jersey City New Jersey		Bldg. Age 70								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) Commercial Lab. Enterprises		ASCM No.	Name of Abatement Contractor (9) CPC Environmental Services Corp.							
Street Address 270 Swinton Avenue		Street Address 142 North 13th Street								
City, State, Zip Code Bronx NY 10467		City, State, Zip Code Newark NJ 07107								
Project Manager for Monitoring Firm Victor Escalona		Telephone No. 9177314588	Telephone No. 9733902416							
		License No. 01335								
Start Date (10) 04/19/2017	Scheduled Completion Date (11) 12/30/2017	Name of OSHA Monitor CPC Environmental Services Corp								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 142 North 13th Street								
		City, State, Zip Code Newark NJ 07107								
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	
Ground floor to 8th floor			X	asbestos floor tiles and mastic	12595 SQFT	X				
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town Re facility						
City, State Newark NJ 07102			Disposal Date	City, State						
Completed by Chika Onwukaife		Title president	Signature 			Date 04/07/2017				

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

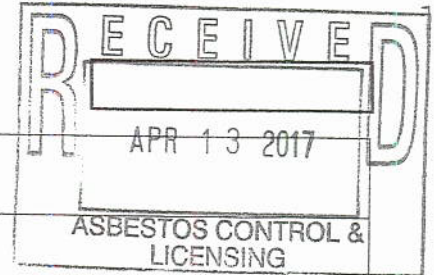


Date of Notification (1) 04-10-2017		Name of Building Owner/Operator (2) Spectrum Group								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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 200 Roosevelt Place suite E City, State, Zip Code Palisades Park, NJ 0760 Name of Contact Angelo							
	Telephone Number _____									
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1706 Paterson Plank Road		Square Feet 14,000	# of Floors 1							
City (5) North Bergen		Bldg. Age 40+								
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial space							
Name of Monitoring Firm Hired by Building Owner (8) LIS Consulting Services		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation							
Street Address 134 Bennington Pkwy		Street Address 606 McBride Ave								
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Woodland Park, NJ 07424								
Project Manager for Monitoring Firm Chris		Telephone No. 732-991-9773	Telephone No. 973-225-8400							
License No. 01104		Name of OSHA Monitor Iris Environmental Laboratories, LLC								
Start Date (10) 04/19/17		Scheduled Completion Date (11) 05/04/2017								
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 2333 Route 22 West								
City, State, Zip Code Union, NJ 07083		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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	
exterior			X	roofing material	13,350 sf	X				
1st floor			X	VAT	700 SF	X				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill						
City, State Woodland Park, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Adriana Olejarova		Title president		Signature 			Date 04-10-2017			

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

MO#24219190113

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



Date of Notification (1) 04 / 10 / 17

Name of Building Owner/Operator (2) **Ron Abrahamson**

Agencies Notified: EPA, DOLWD, DHSS, DCA (NJAC 5:23-8)

Type Notification: Initial, Amended Amendment # _____, Emergency (including justification), Cancellation

Street Address: [REDACTED]

City, State, Zip Code: **Maywood, NJ 07607**

Name of Contact: **Ron Abrahamson** Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Private house**

Street Address: [REDACTED]

City (5) **Maywood, NJ 07607**

County (6) **Bergen** County Code (7) (STATE USE ONLY) _____

Type of Facility (4): School (K-12), Subchapter 8 (Other than K-1 2), Other (i.e., private and 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) _____ ASCM No. _____

Name of Abatement Contractor (9) **Gr Tech LLC**

Street Address: **576 Valley Rd #283**

City, State, Zip Code: **Wayne, NJ 07470**

Project Manager for Monitoring Firm _____ Telephone No. _____

Telephone No. **973-638-1777** License No. **01127**

Start Date (10) 04 / 20 / 17 Scheduled Completion Date (11) 04 / 21 / 17

Name of OSHA Monitor **Envirovision Consultants, Inc**

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement

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)

>3 sf or >3 lf Renovation Clean up and decontamination with negative pressure

> 160 sf or >260 lf Demolition Full Containment with Negative Pressure

Mini-Enclosure Glovebag Procedure Tent with Negative Pressure

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	200 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 *N. Jevtic* Date **04/10/17**

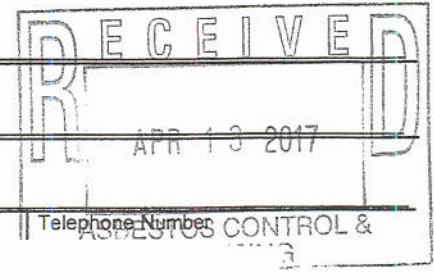
* Do not use this form for asbestos licensure exempted activities.

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

B & G proj. #: 2017-45

Check # 8325

Date of Notification (1) <u>04/10/17</u>		Name of Building Owner/Operator (2) Chong S Jaw	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Leonia, NJ 07605	
		Name of Contact Chong S Jaw	Telephone Number [REDACTED]



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chong S Jaw			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Leonia, NJ 07605			County (6) Bergen		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) residential

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 04/20/2017		Sched. Completion Date (11) 04/21/2017			
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 OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
basement gas meter area			X	pipe insulation	12 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 04/24/2017	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 04/10/2017	

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

B & G proj. #: 2017-44

NON Sub 8

Check # 8326

Date of Notification (1) <u>04/11/17</u>		Name of Building Owner/Operator (2) Maywood Public School District		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">D E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">APR 13 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address 452 Maywood Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maywood, NJ 07607		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Jennifer Pfohl		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maywood Avenue School			Type of Facility (4)		
Street Address 452 Maywood Avenue			<input type="checkbox"/> School (K - 12)		
City (5) Maywood, NJ 07607			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Bergen		County Code (7) (State use only)	<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Square Feet			# of Floors	Bldg. Age	
Current Use (Prior if being demolished) Housing					

Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants		ASCM No. 0069	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road		City, State, Zip Code Fair Lawn, NJ 07410	Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	City, State, Zip Code Lincoln Park, NJ 07035		Telephone Number (973)696-6869
Scheduled Start Date (10) 04/21/2017		Sched. Completion Date (11) 04/22/2017	License Number 00378		Name of OSHA Monitor B & G Restoration, Inc.

Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code LincolnPark, NJ 07035			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

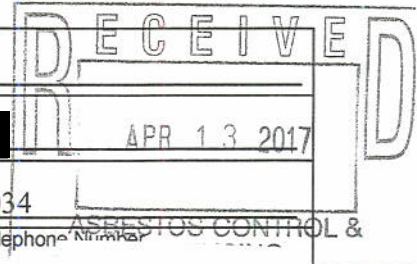
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked=""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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Large Gym Hallway			X	pipe insulation	9 lf	X			
Old Kitchen			X	pipe insulation	15 lf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 04/24/2017	City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 04/10/2017	

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

Check # 25468



Date of Notification (1) <u>4/12/17</u>		Name of Building Owner/Operator (2) <u>Kaufmann</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 <u>Cherry Hill, NJ 08034</u>
		Name of Contact <u>Gary Kaufmann</u>	Telephone No. _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>2200</u>	# of Floors <u>2</u>
City (5) <u>Cherry Hill, NJ 08034</u>		Bldg. Age <u>55+/-</u>	
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address		Street Address <u>PO Box 322</u>		
City, State, Zip Code		City, State, Zip Code <u>Allentown, NJ 08501</u>		
Project Manager for Monitoring Firm	Telephone No. <u>(609) 259-9688</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>	
Start Date (10) <u>4/24/17</u>	Scheduled Completion Date (11) <u>4/28/17</u>	Name of OSHA Monitor <u>MECS</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>		
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>		

Scope of Work (Check all that apply)

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

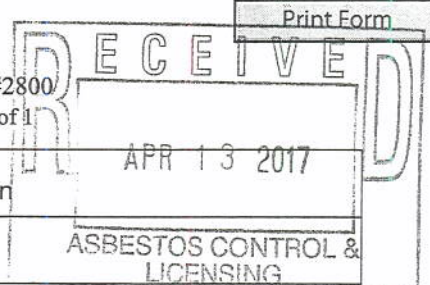
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Exterior</u>		<input checked="" type="checkbox"/>		<u>Siding</u>	<u>1100 sf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/28/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/12/17</u>		

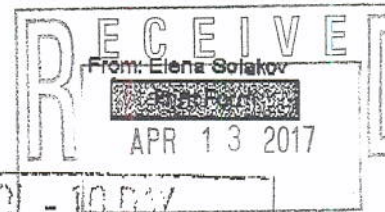
* Do not use this form for asbestos licensure exempted-activities.

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

check #2800
 Page 1 of 1



Date of Notification (1) 4-7-2017		Name of Building Owner/Operator (2) Caldwell- West Caldwell Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 104 Gray Street							
		City, State, Zip Code West Caldwell, NJ 07006-7696							
		Name of Contact Frank Ennis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington Elementary 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 201 Central Avenue		Square Feet 5,000+	# of Floors 2						
City (5) West Caldwell		Bldg. Age 40+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc	ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc							
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer	Telephone No. (609) 652-1833	Telephone No. 201-710-9725	License No. 01084						
Start Date (10) 4-12-17	Scheduled Completion Date (11) 4-13-17	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
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
Rooms 201a-210a		X		Transite Panels	900SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 4-7-17		



EDS17-073

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

check #2800
 Page 1 of 1

Date of Notification (1) 4-7-2017		Name of Building Owner/Operator (2) Caldwell- West Caldwell Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 104 Gray Street	
		City, State, Zip Code West Caldwell, NJ 07006-7696	
		Name of Contact Frank Ennis	

Name of Facility Where Abatement is Taking Place (3) Washington Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 201 Central Avenue			Square Feet 5,000+	# of Floors 2	Bldg. Age 40+
City (5) West Caldwell			Current Use (Prior if being demolished) School		
County (6) Essex		County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057		Name of Abatement Contractor (9) GL Group, Inc	
Street Address PO Box 385		Street Address 140 Hamburg Turnpike			
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomington, NJ 07403			
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 852-1833		License No. 01094	

Start Date (10) 4-12-17		Scheduled Completion Date (11) 4-13-17		Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike	
				City, State, Zip Code Bloomington, NJ 07403	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
		<input 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) 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
Rooms 201a-210a		X		Transite Panels	900SF	X			

Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva	
City, State Bloomington, NJ		Disposal Date TBD		City, State Waynesburg, OH			
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 4-7-17	

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

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

CHECK# 1688

Date of Notification (1) 04/10/2017		Name of Building Owner/Operator (2) LANDMARK HEALTHCARE FACILITIES, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 13 2017 ASBESTOS CONTROL & TESTING </div>								
Agencies Notified	Type Notification	Street Address 839 NORTH JEFFERSON STREET, SUITE 600										
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MILWAUKEE, WI 53202				Name of Contact STUART ARMSTRONG						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) DEBORAH HEART AND LUNG CENTER				Type of Facility (4)								
Street Address 200 TRENTON ROAD				<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) BROWNS MILLS		Square Feet N/A	# of Floors N/A	Bldg. Age N/A								
County (6) BURLINGTON		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HEALTHCARE FACILITY									
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.									
Street Address 515 GROVE STREET, SUITE B		Street Address 570 CLEMS RUN										
City, State, Zip Code HADDON HEIGHTS NJ 08035		City, State, Zip Code MULLICA HILL NJ 08062										
Project Manager for Monitoring Firm TOM ADAMS		Telephone No. 856-547-0505	Telephone No. 610-304-4676	License No. 01145								
Start Date (10) 04/12/2017		Scheduled Completion Date (11) 04/19/2017		Name of OSHA Monitor EMSL								
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH									
<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>OUTSIDE FACILITY</u>			City, State, Zip Code CINNAMINSON NJ 08077									
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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			
									Removal	Repair	Encapsulate	Enclosure
PIPE TRENCH		Yes	No	N/A	PIPE INSULATION		100 LF		x			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL								
City, State MULLICA HILL NJ		Disposal Date 04/20/2017		City, State WAYNESBURG, OH								
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 04/10/2017						

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ASSURED SERVICES

RECEIVED

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APR 13 2017

CHECK# 1688

DOL - 10117

ASBESTOS CONTROL & LICENSING

WAIVER APPROVED

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

Date of Notification (1) 04/10/2017		Name of Building Owner/Operator (2) LANDMARK HEALTHCARE FACILITIES, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 839 NORTH JEFFERSON STREET, SUITE 600	
		City, State, Zip Code MILWAUKEE, WI 53202	
		Name of Contact STUART ARMSTRONG	

Name of Facility Where Abatement is Taking Place (3) DEBORAH HEART AND LUNG CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 200 TRENTON ROAD			Square Feet N/A		
City (5) BROWNS MILLS			# of Floors N/A		Bldg. Age N/A
County (6) BURLINGTON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HEALTHCARE FACILITY	
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Street Address 515 GROVE STREET, SUITE B			Street Address 570 CLEMS RUN		
City, State, Zip Code HADDON HEIGHTS NJ 08035			City, State, Zip Code MULLICA HILL NJ 08062		
Project Manager for Monitoring Firm TOM ADAMS		Telephone No. 856-547-0505	Telephone No. 610-304-4676	License No. 01145	
Start Date (10) 04/12/2017		Scheduled Completion Date (11) 04/19/2017		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OUTSIDE FACILITY</u>			Street Address 200 RT. 130 NORTH		
			City, State, Zip Code CINNAMINSON NJ 08077		

Scope of Work (Check All That Apply)

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

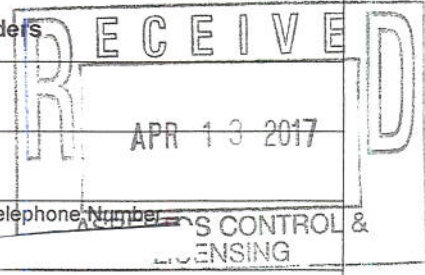
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
PIPE TRENCH			X	PIPE INSULATION	100 LF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034886	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 04/20/2017		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>	Date 04/10/2017

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

check # 11166

Date of Notification (1) 4 / 12 / 17		Name of Building Owner/Operator (2) Burlington County Board of Chosen Freeholders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road	
		City, State, Zip Code Mt. Holly, NJ 08060	
		Name of Contact	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Lyceum of History		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 307 High Street		Square Feet 11,080	# of Floors 3
City (5) Mt Holly		Bldg. Age 50+	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Museum	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No. 00112	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address 344 West State Street		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Bill Wiessgarber	Telephone No. 609-743-0493	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 4 / 24 / 17	Scheduled Completion Date (11) 5 / 26 / 17	Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/___PM-___AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

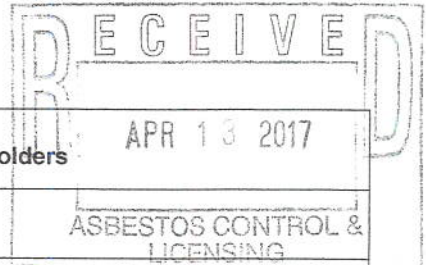
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Through out	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation-(wrap & Cut)	287 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Pad Insulation(Non-Friable)	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through out	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Tile(Non-Friable)	133 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink with ACM Coating	1 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Hilltop Enterprises		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Marlton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 4/12/17	

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

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



Date of Notification (1) 4 / 12 / 17		Name of Building Owner/Operator (2) Burlington County Board of Chosen Freeholders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road	
		City, State, Zip Code Mt. Holly, NJ 08060	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Lyceum of History		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 307 High Street		Square Feet 11,080	# of Floors 3
City (5) Mt Holly		Bldg. Age 50+	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Museum	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No. 00112	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address 344 West State Street		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Bill Wiessgarber	Telephone No. 609-743-0493	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 4 / 24 / 17	Scheduled Completion Date (11) 5 / 26 / 17	Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

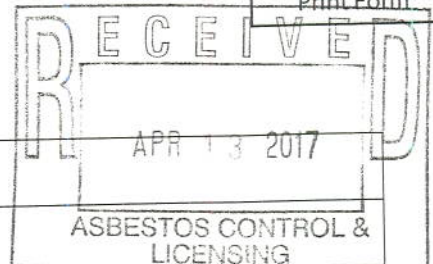
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Caulk & Glazing- 2 windows	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Caulk- 15 windows	180 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"/>

Name of Registered Waste Hauler Hilltop Enterprises		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Marlton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature		Date	

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

CK 3043



Date of Notification (1) 04/04/2017		Name of Building Owner/Operator (2) Residence	
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 [REDACTED]	
		City, State, Zip Code Whippany, N.J. 07981	
		Name of Contact Rich Jetter	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 1,246	# of Floors 1	Bldg. Age 63
City (5) Whippany		Current Use (Prior if being demolished)		
County (6) Morris	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		Street Address 1256 Liberty Ave		
City, State, Zip Code South Orange, N.J. 07079		City, State, Zip Code Hillside, N.J. 07205		
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465	License No. 01316
Start Date (10) 04/20/2017	Scheduled Completion Date (11) 05/01/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions		
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 PO Box 354		
		City, State, Zip Code South Orange, N.J. 07079		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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) 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		vinyl tile	900 sf	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, N.J.		Disposal Date 5/08/2017		City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Manager	Signature 	Date 04/06/2017	

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Homes
(signature)
Date: 4/10/17 Time: 9:2AM

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

NOCK

RECEIVED
APR 13 2017
ASBESTOS CONTROL & LICENSING

NOTIFICATION INFORMATION

Date of Notification: 4 / 7 / 2017
 Initial Amended Cancellation Emergency (must include justification)
Type of Work: Demolition Renovation

BUILDING INFORMATION

Name of Building Owner/Operator: Rico Rios
Street Address: [REDACTED] City: Aberdeen State: NJ Zip: 07747
Name of Contact: Rico Rios Telephone No. _____

FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Rios Residence
Describe Facility Use: Residence
Street Address: [REDACTED] City: Aberdeen State: NJ Zip: 07747
County Name: Monmouth County Code (State Use Only): _____
Scheduled Start Date: 4 / 11 / 2017 Scheduled Completion Date: 4 / 12 / 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: 300 SF Percentage Asbestos: _____ %
 Mastic Square Footage: _____ 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): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations
Signature: *Christina Lynch* Date: April 7, 2017

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

APPROVED
NJ Dept of Health & Senior Services
Paul C. Horner
(signature)
Date: 4/10/17 Time: 1:51 PM

RECEIVED

ASBESTOS CONTROL & LICENSING

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

NOCK

NOTIFICATION INFORMATION

Date of Notification: 4 / 10 / 2017

Initial Amended Cancellation Emergency (must include justification)

Type of Work: Demolition Renovation

BUILDING INFORMATION

Name of Building Owner/Operator: John Zarcaro

Street Address: [REDACTED] City: Neptune State: NJ Zip: 07753

Name of Contact: John Zarcaro Telephone No: _____

FACILITY INFORMATION

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

Describe Facility Use: Residence

Street Address: [REDACTED] City: Neptune State: NJ Zip: 07753

County Name: Monmouth County Code (State Use Only): _____

Scheduled Start Date: 4 / 12 / 2017 Scheduled Completion Date: 4 / 13 / 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: 235 SF Percentage Asbestos: %

Mastic Square Footage: _____ Percentage Asbestos: %

CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0090

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

New Jersey Asbestos License Number (if applicable): 00842

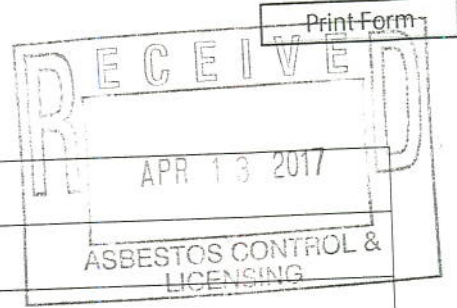
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

SIGNATURE

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

Signature: *Christina Lynch* Date: April 10, 2017

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



CK 502

Date of Notification (1) 04-08-2017		Name of Building Owner/Operator (2) Chrisula Pirmann	
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 Franklin Lakes NJ 07417	
		Name of Contact Chrisula Pirmann	Telephone Number _____

FACILITY INFORMATION

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	Bldg. Age N/A
City (5) Franklin Lakes NJ 07417		Current Use (Prior if being demolished) Private Dwelling		
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) Amax Contracting LLC		
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		Street Address PO BOX 734		
Street Address 2108 Fulton St, Suite 2A		City, State, Zip Code Woodland Park NJ 07424		
City, State, Zip Code Brooklyn NY 11233		Telephone No. 973-692-6298	License No. 01266	
Project Manager for Monitoring Firm Kayode Adefisoye	Telephone No. 347-241-7673	Name of OSHA Monitor Amax Contracting LLC		
Start Date (10) 04-19-2017	Scheduled Completion Date (11) 04-26-2017	Street Address PO BOX 734		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

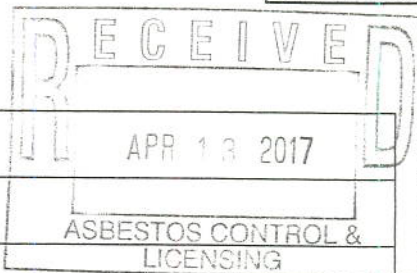
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Basement			x	VAT	1000 SF	x			

Name of Registered Waste Hauler Amax Contracting LLC	NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 8 CY	Name of Registered Landfill Fairless Hills
City, State Woodland Park NJ 07424	Disposal Date 04-27-2017	City, State Morrisville PA	
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 04-08-2017

* 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 6052

Date of Notification (1) 4/10/17		Name of Building Owner/Operator (2) Tom Calise Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Little Egg Harbor NJ 08070	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Tom	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Tom Calise Private Home		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Little Egg Harbor NJ 08070		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet 1000	# of Floors 1
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 4/21/17	Scheduled Completion Date (11) 4/27/17	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		City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input type="checkbox"/> Other - Describe: _____				

Scope of Work (Check All That Apply)

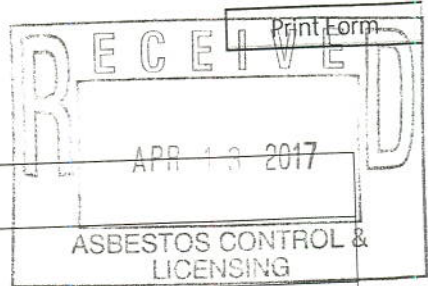
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 Siding			x	Exterior Siding	1500 SF	x			
Through Out			X	Floor Tile	800 SF	x			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 4/27/17	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 4/10/17

CK 505

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



Date of Notification (1)
04-08-2017

Name of Building Owner/Operator (2)
Philip Scribano

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Street Address
[REDACTED]

City, State, Zip Code
Hasbrouck Heights NJ 07604

Name of Contact
Philip Scribano

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Dwelling

Street Address
[REDACTED]

City (5)
Hasbrouck Heights NJ 07604

County (6)
Bergen

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
N/A

of Floors
N/A

Bldg. Age
N/A

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
PO BOX 734

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

License No.
01266

Start Date (10)
04-20-2017

Scheduled Completion Date (11)
04-28-2017

Name of OSHA Monitor
Amax Contracting LLC

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____

Street Address
PO BOX 734

City, State, Zip Code
Woodland Park NJ 07424

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) 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	PIPE INSULATION	60 LF	x			
Crawlspace			x	PIPE INSULATION	10 LF	x			

Name of Registered Waste Hauler
Amax Contracting LLC

NJDEP Waste Hauler ID No.
0036184

Cubic Yards of Waste
2 CY

Name of Registered Landfill
Fairless Hills

City, State
Woodland Park NJ 07424

Disposal Date
04-27-2017

City, State
Morrisville PA

Completed by
Tome Maslarkov

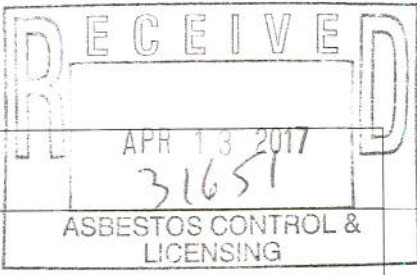
Title
Project Manager

Signature

Date
04-08-2017

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

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



Ch 31651

Date of Notification (1) 04 / 10 / 17		Name of Building Owner/Operator (2) Monmouth Custom Builders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 259 Monmouth Road	
		City, State, Zip Code Deal, NJ 07723	
		Name of Contact Bob Hankins	Telephone Numl

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1200 sf	# of Floors 1
City (5) Deal		Bldg. Age 70	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 04 / 20 / 17	Scheduled Completion Date (11) 04 / 21 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
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		City, State, Zip Code Piscataway, New Jersey 08854	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	240 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 04/24/17	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 4/10/17	

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



Date of Notification (1) <u>04</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Gentemp Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1020 South Avenue West	
		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Joseph Buontempo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000 sf	# of Floors 2
City (5) Westfield		Bldg. Age 70	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624

Start Date (10) <u>04</u> / <u>21</u> / <u>17</u>	Scheduled Completion Date (11) <u>04</u> / <u>24</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	130 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 Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 04/25/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/10/17