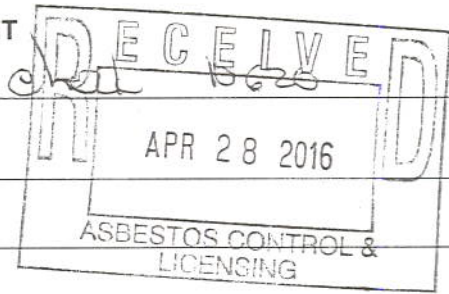


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>4</u> / <u>27</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Camden	
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 # _____	Street Address PO Box 95120	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08101	
		Name of Contact John Bond	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CHERRY STREET 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 varies	# of Floors varies
City (5) Camden		Bldg. Age 50+	
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE	

Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services	ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. C 609-839-2432	Telephone No. 215 542 7000	License No. 00847

Start Date (10) <u>4</u> / <u>28</u> / <u>16</u>	Scheduled Completion Date (11) <u>5</u> / <u>30</u> / <u>16</u>	Name of OSHA Monitor CES	
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: <u>7:00AM-5:00PM</u> /____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)

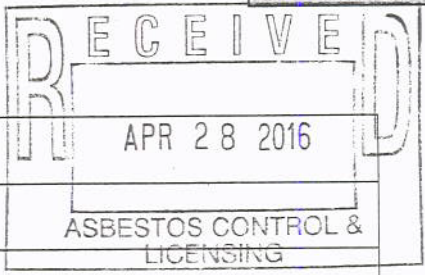
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<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 Waste Management of NJ	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS
City, State Fairless Hills, PA		Disposal Date 5/30/16	City, State Tullytown PA
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date <u>4/27/16</u>

OK 14765 03841

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



Date of Notification (1) 04/18/2016		Name of Building Owner/Operator (2) John Dunlea	
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 Westfield, NJ 07090	
		Name of Contact John Dunlea	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 N/A	# of Floors N/A
City (5) Westfield		Bldg. Age N/A	
County (6) Union	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 11 Rosengren Ave	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 00675

Start Date (10) 04/28/2016	Scheduled Completion Date (11) 04/29/2016	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Ave	
		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> 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
attic		X		vermiculite	50 SF	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 Oliver Hegedis	Title Project Manager	Signature 	Date 04/18/2016

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

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 APR 28 2016

Date of Notification (1) <u>3/31/16</u>		Name of Building Owner/Operator (2) <u>The Heller Group</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>180 Main Street</u>						
		City, State, Zip Code <u>Madison, NJ 07940</u>						
Name of Contact <u>Chris Hricko</u>		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Dayton Post Office</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>347 Georges Rd.</u>		Square Feet <u>2900</u>	# of Floors <u>1</u>					
City (5) <u>Dayton, NJ</u>		Bldg. Age <u>70+/-</u>						
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>The Louis Berger Group, Inc.</u>	ASGM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>10 Allen Street Suite 1A</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Toms River, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bruce Lockwood</u>	Telephone No. <u>(973) 407-1391</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>4/16/16</u>	Scheduled Completion Date (11) <u>5/8/16</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: <u>Weekends Only</u>		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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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
<u>Sorting Area/Office Areas</u>	<input checked="" type="checkbox"/>		<u>VAT/Damaged Tile Only</u>	<u>350 sf</u>	<input checked="" type="checkbox"/>			
<u>Mechanical Room</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Fittings</u>	<u>50</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>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/9/16</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/15/16</u>					

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

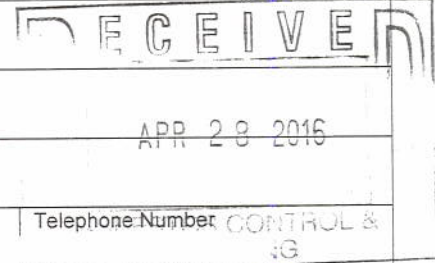
RECEIVED
APR 28 2016

Date of Notification (1) 4/20/16		Name of Building Owner/Operator (2) MS. ANN ZIEMKI WIC	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code WUTHERFORD NJ 07073	
		Name of Contact MS. ZIEMKI WICZ	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. ZIEMKI WICZ		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: 2500 # of Floors: 2 Bldg. Age: 1935	
City (5) WUTHERFORD		Current Use (Prior if being demolished) RESIDENCE	
County (6) BERGEN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) 5/5/16		Scheduled Completion Date (11) 5/6/16	
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: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental	
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	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises, LLC	
Disposal Date 5/6/16		City, State Waynesburg, Oh, 44688	
Completed by J. Maiorano		Title Estimator	
Signature <i>J. Maiorano</i>		Date 4/20/16	

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

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



Date of Notification (1) APRIL 18, 2016		Name of Building Owner/Operator (2) MIKE ZIMMERMAN	
Agencies Notified <input 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 [REDACTED]	
		City, State, Zip Code BRIELLE, NJ 08730	
		Name of Contact MIKE ZIMMERMAN	Telephone Number CONTROL & SIG

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER 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 3000 SF	# of Floors 2.5
City (5) SPRING LAKE		Bldg. Age 100 YRS	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) FORMER RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.	
Street Address		Street Address 17 Thompson Street	
City, State, Zip Code		City, State, Zip Code West Long Branch	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732.222.8372	License No. 00040
Start Date (10) APRIL 28, 2016	Scheduled Completion Date (11) APRIL 29, 2016	Name of OSHA Monitor N/A	
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: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input 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			X	Asbestos Containing Siding		x			

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I	NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 5 cy	Name of Registered Landfill TRRF LANDFILL
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 4/29/16	City, State TULLYTOWN, PA
Completed by JOSEPH P. MILLER	Title PRESIDENT	Signature 	Date 4/18/16

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

Check # 16V26

RECEIVED
APR 28 2016
ASBESTOS CONTROL & ABATEMENT DIVISION

Date of Notification (1) **4-21-16**

Agency Notified: EPA, DEP, DOL, DOH, DCA

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

Name of Building Owner/Operator (2) **C. BELDING**

Street Address: [REDACTED]

City, State, Zip Code: **LITTLE FALLS NJ 07424**

Name of Contact: **C. BELDING**

Telephone Number: [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **C. BELDING**

Street Address: [REDACTED]

City (6) **LITTLE FALLS**

County (5) **PASSAIC**

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: **2400**, # of Floors: **2**, Bldg. Age: **70 YRS**

Current Use (Prior if being demolished) **RESIDENCE**

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9) **Best Removal Inc**

Street Address: [REDACTED]

City, State, Zip Code: **450 South River St, Hackensack, N.J. 07601**

Project Manager for Monitoring Firm _____

Telephone No. **201-329-7444**

License No. **00388**

Start Date (10) **5-2-16**

Scheduled Completion Date (11) **5-3-16**

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: **8AM 5PM**

Name of OSHA Monitor **Omega Environmental**

Street Address: **280 Huyler St**

City, State, Zip Code: **S. Hackensack, N.J. 07606**

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
BASEMENT			X	THERMAL INSULATION	95 LF	X		
BASEMENT			X	TRANSITE CEMENT BOARD	50 SF	X		

Name of Registered Waste Hauler **Best Removal Inc**

NJDEP Waste Hauler ID No. **17109**

Cubic Yards of Waste **1 YD**

Name of Registered Landfill **Minerva Enterprises, LLC**

City, State **Hackensack, N.J. 07601**

Disposal Date **5-3-16**

City, State **Waynesburg, Oh, 44688**

Completed by **R. Veldran**

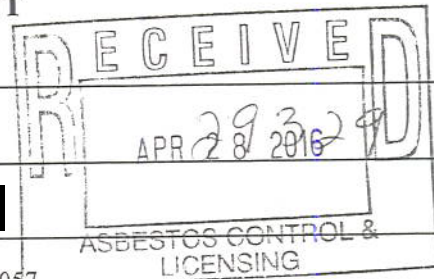
Title **Estimator**

Signature **R. Veldran**

Date **4-21-16**

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

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



Date of Notification (1) <p style="text-align: center;">April 18, 2016</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Sue Maloney</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>
	City, State, Zip Code <p style="text-align: center;">Moorestown, NJ 08057</p>		ASBESTOS CONTROL & LICENSING
	Name of Contact <p style="text-align: center;">Sue Maloney</p>		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4) <input type="checkbox"/> School (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 <div style="background-color: black; width: 100px; height: 15px;"></div>			Square feet <p style="text-align: center;">1800 sf</p>		
City <p style="text-align: center;">LB Twp.</p>		County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">60</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number <p style="text-align: center;">732-349-9932</p>	License Number <p style="text-align: center;">00624</p>
Scheduled Start Date (10) <p style="text-align: center;">4/29/16</p>		Scheduled Completion Date (11) <p style="text-align: center;">5/2/16</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and 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	E N C L O S U R E
Exterior		X		Asbestos siding	750 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">5/3/16</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fericola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">4/18/16</p>

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

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

Date of Notification (1) <p style="text-align: center;">April 18, 2016</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Elite Construction Corp.</p>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 28 2016 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL & AEROSOL CONTROL </div>
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	49 Linden Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Mantua, NJ 08051	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Nick Salemo	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

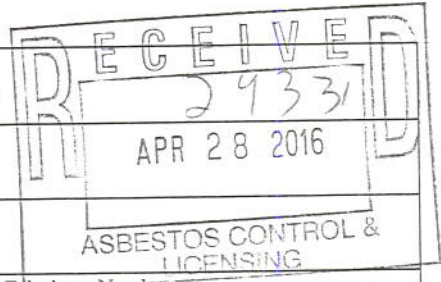
Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City <p style="text-align: center;">Toms River</p>	County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	Square feet <p style="text-align: center;">800 sf</p>	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">60</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <p style="text-align: center;">732-349-9932</p>	License Number <p style="text-align: center;">00624</p>	
Scheduled Start Date (10) <p style="text-align: center;">4/29/16</p>		Scheduled Completion Date (11) <p style="text-align: center;">5/4/16</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
Occupancy Status During Abatement (Check only one)			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
<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 <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input 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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	700 sf	X			
Interior		X		Asbestos floor tile	800 sf	X			
Interior		X		Joint compound	3300 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>		NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">20</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>	
City, State <p style="text-align: center;">Toms River, New Jersey</p>		Disposal Date <p style="text-align: center;">5/4/16</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>		
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fericola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 		Date <p style="text-align: center;">4/18/16</p>	

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

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



Date of Notification (1) <p style="text-align: center;">April 18, 2016</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Green Way Demolition</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <p style="text-align: center;">P O Box 536</p>
			City, State, Zip Code <p style="text-align: center;">Oakhurst, NJ 07755</p>
			Name of Contact <p style="text-align: center;">Nadine Santilli</p>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <p style="text-align: center;">[REDACTED]</p>			Square feet <p style="text-align: center;">1500 sf</p>		
City <p style="text-align: center;">Long Branch</p>		County (6) <p style="text-align: center;">Monmouth</p>	County Code (7) (STATE USE ONLY)	# of Floors <p style="text-align: center;">2</p>	Bldg. Age <p style="text-align: center;">80</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">Environmental Tactics, Inc</p>			ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address <p style="text-align: center;">64 Broad Street</p>			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code <p style="text-align: center;">Matawan, NJ 07747</p>			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm <p style="text-align: center;">Tom Geiger</p>		Telephone Number <p style="text-align: center;">732-290-2217</p>	Telephone Number <p style="text-align: center;">732-349-9932</p>	License Number <p style="text-align: center;">00624</p>	
Scheduled Start Date (10) <p style="text-align: center;">5/2/16</p>		Scheduled Completion Date (11) <p style="text-align: center;">5/6/16</p>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>		
			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Roofing	925 sf	X			
Exterior		X		Chimney flashing	56 sf	X			
Basement		X		Asbestos pipe insulation	168 lf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No.	Cubic Yards of Waste <p style="text-align: center;">15</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, NJ 08755</p>	Disposal Date <p style="text-align: center;">5/6/16</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">4/18/2016</p>

**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 6/27
RECEIVED
APR 28 2016
ASBESTOS CONTROL & TESTING

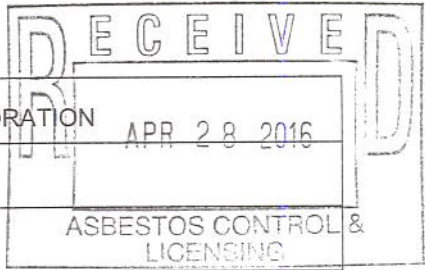
Date of Notification (1) 4-21-16		Name of Building Owner/Operator (2) MS. KORN				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]				
		City, State, Zip Code NEW VERNON, N.J. 07976				
Name of Facility Where Abatement is Taking Place (3) MS. KORN		Name of Contact MS. KORN				
FACILITY INFORMATION						
Street Address [REDACTED]		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.)				
County (6) MORRIS		County Code (7) (STATE USE ONLY)	Square Feet # of Floors Bldg. Age 5900 2 75 yrs			
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RESIDENCE				
Street Address		Name of Abatement Contractor (9)				
City, State, Zip Code		Street Address				
Project Manager for Monitoring Firm		450 South River St				
Telephone No.		City, State, Zip Code				
Start Date (10) 5-6-16		Hackensack, N.J. 07601				
Scheduled Completion Date (11) 5-7-16		Telephone No.	License No.			
Occupancy Status During Abatement (Check only one)		201-329-7444 00388				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Name of OSHA Monitor				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Omega Environmental				
<input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Street Address				
Scope of Work (Check all that apply)		280 Huyler St				
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		City, State, Zip Code				
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		S. Hackensack, N.J. 07606				
<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
		<input type="checkbox"/> Glovebag Procedure				
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT BOILER ROOM	Yes No N/A	VAT	330 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 YD	Name of Registered Landfill		
City, State Hackensack, N.J. 07601		Disposal Date 5-7-16	Minerva Enterprises, LLC			
Completed by A. Veldran		Title Estimator	Signature R. Veldran	City, State Waynesburg, Oh, 44688		Date 4-21-16

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Print Form

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



Date of Notification (1) 04/20/16		Name of Building Owner/Operator (2) PV COMMUNITY DEVELOPMENT CORPORATION	
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 156 N. MAIN STREET	
		City, State, Zip Code PLEASANTVILLE, NJ 08232	
		Name of Contact JOSE ANDRADE	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BARLINVIS APT #2129C		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 1200	# of Floors 3
City (5) ATLANTIC CITY, NJ 08401		Bldg. Age	
County (6) ATLANTIC COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 05/04/16	Scheduled Completion Date (11) 05/04/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-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
INTERIOR				TILE	900 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5 YARD	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 05/04/16		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 04/20/16

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

DECEMBER 10
 Original has
 APR 28/2016

Date of Notification (1) April 19, 2016		Name of Building Owner/Operator (2) Segal & Segal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 465 South Street
			City, State, Zip Code Morristown, NJ 07962
			Name of Contact Fred Kimak

FACILITY INFORMATION

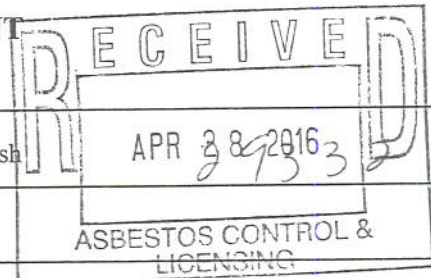
Name of Facility Where Abatement is Taking Place (3) Summit Hill Apartments			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 100 Stone Hill Road			Square feet 10,000 sf	# of Floors 2	Bldg. Age 60
City Springfield	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartments		
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, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fericola		Telephone Number 7321-349-9932	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 4/18/16		Scheduled Completion Date (11) 4/22/16		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 <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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	E N C L O S U R E
Storage room J		X		Asbestos pipe insulation	160 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 4/20/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fericola		Title Project Manager	Signature		Date 4/19/2016

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



Date of Notification (1) April 19, 2016		Name of Building Owner/Operator (2) Christ the King Parish	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 380 Division Street
			City, State, Zip Code Long Branch, NJ 07740
			Name of Contact Frank Muzzi

FACILITY INFORMATION

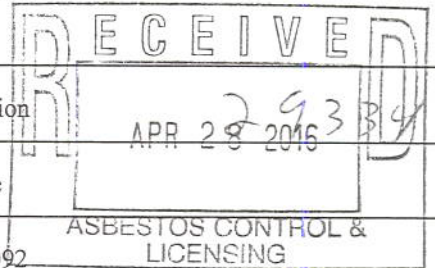
Name of Facility Where Abatement is Taking Place (3) Star of the Sea Church			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 101 Chelsea Avenue			Square feet 8000 sf		
City Long Branch			# of Floors 1		
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Bldg. Age 100	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			ASCM No.		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932		City, State, Zip Code Toms River, New Jersey 08755-1271	
Scheduled Start Date (10) 4/20/16		Scheduled Completion Date (11) 4/22/16		Telephone Number 732-349-9932	
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 _____			License Number 00624		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			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) 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement/boiler room			X	Asbestos pipe insulation	240 lf	X			

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 4/25/16		City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 4/19/2016

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



Date of Notification (1) January 19, 2016		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 128 Bartlett Avenue
			City, State, Zip Code West Creek, NJ 08092
		Name of Contact Joyce	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 1000 sf		
City Ship Bottom			County (6) Ocean		Bldg. Age 60
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 4/29/16		Scheduled Completion Date (11) 5/2/16			
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 E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

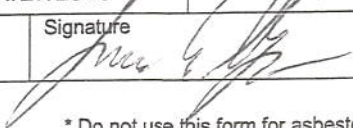
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior garage		X		Asbestos siding	800 sf	X			

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 5/3/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 1/19/2016

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

Check #
8762

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

Date of Notification (1) 4/20/2016		Name of Building Owner/Operator (2) City of Paterson		APR 28 2016					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 Broadway		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Harry Cevallous		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			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) Paterson		Square Feet 3,500	# of Floors 2	Bldg. Age 80 +					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address			Street Address 494 E. 41st Street						
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07504						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-0022	License No. 00507					
Start Date (10) Apr 22, 2016		Scheduled Completion Date (11) April 30, 2016		Name of OSHA Monitor Same as above					
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: Vacant Bldg. scheduled to be demolished			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) 150 yds.	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Structure		X		Entire Structure		X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 150	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 4/27/2016	City, State Morrisville, PA						
Completed by James E. Unger		Title Project Manager	Signature 		Date 4/20/2016				

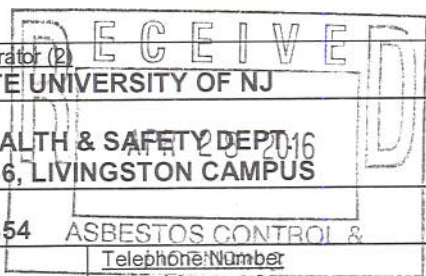
* Do not use this form for asbestos licensure exempted activities.

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

check # 2921

GAC Project # 060-16

Date of Notification (1) April 21, 2016		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 2016 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
		City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY



FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) LIPPENCOTT HALL, BLDG# 8332		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 DOUGLASS CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0096
Street Address 3 TERRI LANE		Current Use (prior if being demolished): STUDENT RESIDENCE HALL

Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016	
City, State, Zip Code BUTLER, NJ 07405	

Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/23/16	Scheduled Completion Date (11) 07/04/16	Name of OSHA Monitor 1 ENVIROVISION, INC.	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 Occupied Schedule: 8AM - 6PM (24 HOURS & WEEKENDS AS NEEDED)	Street Address 20-21 WARGARAW ROAD
	City, State, Zip Code FAIRLAWN, NJ

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose		
RESTROOMS	<input checked="" type="checkbox"/>	TSI - PIPE INSULATION	400 LF	<input checked="" type="checkbox"/>		
RESTROOMS	<input checked="" type="checkbox"/>	FLOORING/VAPOR BARRIER	5600 SF	<input checked="" type="checkbox"/>		

Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 200 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 07/04/2016	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			

Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date April 21, 2016
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