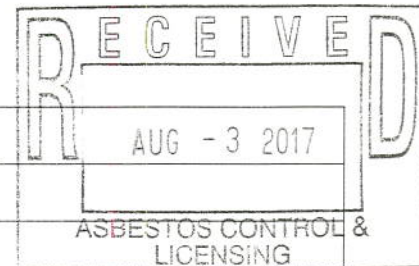


CK1204

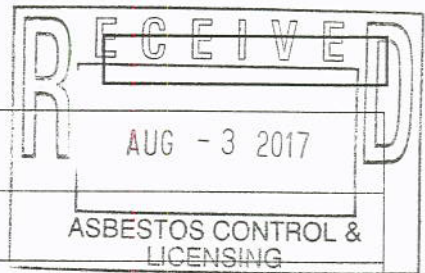
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 7/28/2017		Name of Building Owner/Operator (2) Newark Public School						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 2 Cedar Street						
		City, State, Zip Code: Newark, NJ 07102						
		Name of Contact: Mr. Benjamin Olagadeyo <div style="float: right;">Telephone Number: _____</div>						
<b>FACILITY INFORMATION</b>								
Name of Facility Ivy Hill Elementary School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
107 Ivy Street		Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use : School						
City/ (5) Newark	County (6): Essex	County Code (7): 07106						
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 17 Pleasant Hill Road		Street Address: <b>658 Rutgers Place</b>						
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: <b>Paramus, NJ 07652</b>						
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: <b>(973) 350-0101</b> License No.: <b>01215</b>					
Start Date (10): 8/7/17	Scheduled Completion Date (11): 8/27/17		Name of OSHA Monitor: Metro Analytical Laboratories					
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 type="checkbox"/> Other Describe: <b>Occupied Sub 8</b>		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>						
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Encapsulat
<b>BASEMENT CORRIDOR</b>		<b>X</b>	<b>PIPE INSULATION INCLUDING ELBOWS AND JOINTS</b>	<b>70 LF</b>	<b>*</b>			<b>*</b>
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.				
City, State: Bronx, NY 10474		Disposal Date:	City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: 		Date: 7/28/2017			

Check#2840

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



Date of Notification (1) 07 / 28 / 17		Name of Building Owner/Operator (2) Ding Xia	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Millburn, NJ 07041	
Name of Contact Ding Xia		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Millburn, NJ 07041		# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 08 / 08 / 17	Scheduled Completion Date (11) 08 / 09 / 17	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E		
		City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<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"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

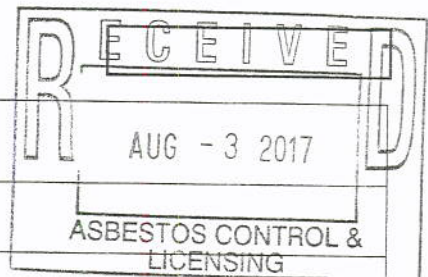
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT-floor tiles	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 07/28/17	



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

Check#2841



Date of Notification (1) 07 / 28 / 17		Name of Building Owner/Operator (2) Monica Castano	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Hillside, NJ 07205	
		Name of Contact Monica Castano	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Hillside, NJ 07205		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 08 / 10 / 17	Scheduled Completion Date (11) 08 / 11 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 07/28/17

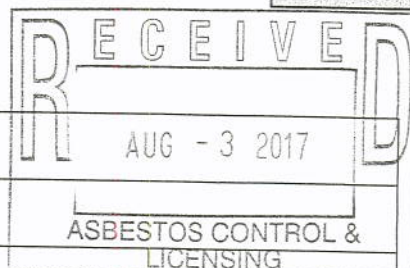
ASB-41

MAY 11

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



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



Date of Notification (1) 7/28/17		Name of Building Owner/Operator (2) Oak Crest High School							
Agencies Notified	Type Notification	Street Address 1824 Dr. Dennis Forman Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mays Landing NJ 08330							
		Name of Contact Thomas Grossi							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oak Crest High School		Type of Facility (4)							
Street Address 1824 Dr. Dennis Forman Drive		<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) Mays Landing NJ 08330		Square Feet 10000 +	# of Floors 1						
County (6) Atlantic		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House & garage							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 167		Street Address PO Box 329							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984	Telephone No. 856-753-9800						
Start Date (10) 8/14/17		Scheduled Completion Date (11) 8/18/17	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Old Tec Room			x	Floor Tile & mastic	950 SF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill ACCA					
City, State West Berlin NJ			Disposal Date 8/18/17	City, State Egg Harbor TWP NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 7/28/17			



Jul 28 2017 08:54AM NJ Asbestos Control 609.633.0664

page 1

07/28/2017 09:15AM 2013297440

BEST REMOVAL INC

CK4198

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 11:28)

RECEIVED	PAGE 02/04
	AUG - 3 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>7/28/17</b>		Name of Building Owner/Owner (2) <b>MR. MICHAEL BARTON</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOE <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Assessment & <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address [REDACTED] City, State, Zip Code <b>BERGENFIELD, NJ, 07621</b> Name of Contact <b>MR. BARON</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MICHAEL BARTON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1800</b>							
City (5) <b>BERGENFIELD</b>		# of Floors <b>2</b>							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address [REDACTED]		Street Address <b>450 South River Street</b>							
City, State, Zip Code [REDACTED]		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>							
Start Date (10) <b>8/2/17</b>		Scheduled Completion Date (11) <b>8/3/17</b>							
Company Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>2AM TO 5:27PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>							
Street Address [REDACTED]		Street Address <b>280 Huyler Street</b>							
City, State, Zip Code [REDACTED]		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 25 to 100 sq ft or 25 to 100 sq ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Compliance with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Covering Procedure <input type="checkbox"/> Non-Regulated (C) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY (13)</b>	Is Location Material Used Solely by Maintenance/Contract Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LB)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>KITCHEN</b>				<b>VAT</b>	<b>300 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>									
City, State <b>Hackensack, NJ 07601</b>		MDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>2/109</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Waynesburg, OH 44688</b>		Disposal Date <b>8/3/17</b>		Signature <i>J. Maicrano</i>		Date <b>7/28/17</b>			



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

UIC  
CH# 4075

Date of Notification (1) 7/17/17		Name of Building Owner/Operator (2) D. Y. Flip LLC		RECEIVED AUG - 3 2017	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 564 Spring Street		City, State, Zip Code Elizabeth, NJ 07201			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Name of Contact R SANTOS NASH		ASBESTOS Abatement Number	
FACILITY INFORMATION					
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)		Current Use (Prior if being demolished) HOUSE			
Street Address [REDACTED]		Square Feet 2,000		# of Floors 2	
City (5) ELIZABETH N.J.		Bldg. Ag 80			
County (6) UNION		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NOVATECH INC	
Street Address		Street Address P.O. Box 814		City, State, Zip Code 010 Bridge N.J. 08857	
City, State, Zip Code		Telephone No. 732 238-7500		License No. 00806	
Project Manager for Monitoring Firm		Name of OSHA Monitor NOVATECH INC		Street Address P.O. Box 814	
Start Date (10) 7/19/17		Scheduled Completion Date (11) 8/19/17		City, State, Zip Code 010 Bridge N.J. 08857	
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:					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT		X		PIPE INSULATION	
EXTERIOR		X		SIDING	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 6	
City, State 010 Bridge N.J. 08857		Disposal Date 8/24/17		Name of Registered Landfill GROWS	
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]	
				Date 7/17/17	



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

VIA FAX

DATE 7/17/17

RECEIVED  
AUG - 3 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/17/17		Name of Building Owner/Operator (2) MR John JUNIO					
Agencies Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CRANFORD AVE Name of Contact MR JUNIO					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)					
City (5) CRANFORD N.J.		Square Feet 2,000	# of Floors 2				
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)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			NOVATECH INC				
City, State, Zip Code			P.O. Box 814				
Project Manager for Monitoring Firm		Telephone No.	Telephone No.				
			732 238x7500				
Start Date (10) 7/18/17		Scheduled Completion Date (11) 8/17/17	License No. 00806				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		NOVATECH INC					
Scope of Work (Check All That Apply)		Street Address					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		P.O. Box 814					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code					
		010 Bridge N.J. 08857					
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1st FLOOR & BASEMENT			X	PUCK INSULATION	<100 SF	X	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
NOVATECH INC		18501	3	G.R.O.W.S.			
City, State		Disposal Date	City, State				
010 Bridge N.J. 08857		8/18/17	HARRISVILLE P.A.				
Completed by		Title	Signature		Date		
CARLOS ALMEIDA		PRESIDENT	CARLOS ALMEIDA		7/17/17		



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

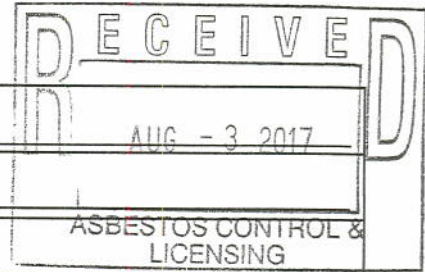
VIA U.S. Mail  
encl. 4092

Date of Notification (1) 7/28/17		Name of Building Owner/Operator (2) Mrs. Carol Lanzerotti		DECEIVE	
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 BAYVILLE N.J. 08721	
		Name of Contact Mrs. Carol Lanzerotti		AUG - 3 2017 ASBESTOS	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) [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, etc.)	
City (5) BAYVILLE N.J.				Square Feet 1,500	# of Floors 1
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NOVATECH INC	
Street Address				Street Address P.O. Box 814	
City, State, Zip Code				City, State, Zip Code 010 Bridge N.J. 08857	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 238-7500	
Start Date (10) 08/06/17		Scheduled Completion Date (11) 8/29/17		License No. 00806	
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 NOVATECH INC	
				Street Address P.O. Box 814	
				City, State, Zip Code 010 Bridge N.J. 08857	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Demolition		<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)	
		Yes No N/A			
EXTERIOR		X		SIDING	
Amount (Specify SF or LF)		Abatement Type			
5505		REMOVAL			
		REPAIR			
		REINSTATEMENT			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 4	
City, State 010 Bridge N.J. 08857		Name of Registered Landfill GROWS		City, State Hopewell P.A.	
Disposal Date 8/30/17		Signature [Signature]		Date 7/28/17	
Completed by CARLOS ALMEIDA		Title PRESIDENT			



OK 1810

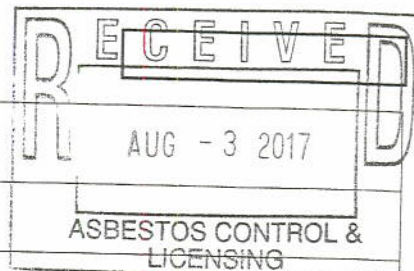
State of New Jersey  
NOTIFICATION ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/28/17		Name of Building Owner/Operator (2) Mike Albanese							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Mike Albanese							
<b>FACILITY INFORMATION</b>									
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]									
City (s) Cherry Hill, NJ 08034		Square Feet 1800 SF	# of Floors 2 Bldg. Age 25yrs						
County (6) Camden, NJ		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AEi2, LLC						
Street Address		Street Address 361 E. Fleming Pike							
City, State, Zip Code		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm		Telephone No.	License No. 00689						
Start Date (10) 8/10/17	Scheduled Completion Date (11) 8/17/17	Name of OSHA Monitor AEi2, LLC							
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 361 E. Fleming Pike City, State, Zip Code Hammonton, NJ 08037							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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	Encapsulation	Enclosure
Attic			X	Vermiculite	600 sf	X			
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 4	Name of Registered Landfill TBD					
City, State Hammonton, NJ 08037		Disposal Date TBD		City, State TBD					
Completed By Wm. Minnick		Title Program Mgr.		Signature 		Date 7/28/17			

Check#2836

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



Date of Notification (1) 07 / 27 / 17		Name of Building Owner/Operator (2) Harsh Sule							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040 Name of Contact Harsh Sule Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Maplewood, NJ 07040		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		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) 08 / 06 / 17	Scheduled Completion Date (11) 08 / 08 / 17	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input checked="" type="checkbox"/> > 160 sf or >260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Sunroom-ceiling&walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite paneling	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>	Date 07/27/17					

ASB-41

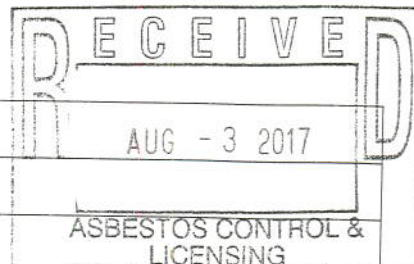
MAY 11

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



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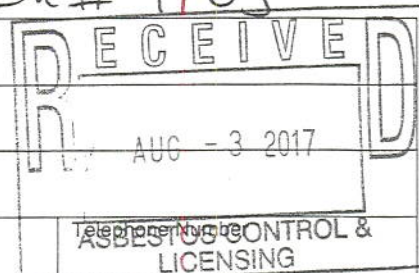
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 7/27/2017		Name of Building Owner/Operator (2) Four Square Church							
Agencies Notified	Type Notification	Street Address: 30 Morton Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: East Orange, NJ 07017							
		Name of Contact: Christ							
<b>FACILITY INFORMATION</b>									
Name of Facility Four Square Church		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
30 Morton Street		Square Feet:                      # of Floors:							
City/ (5) East Orange	County (6): Essex	County Code (7): 07017	Bldg. Age Current Use: Church						
Name of Monitoring Firm Hired by Building Owner: McGriff Air Assessment, LLC		ASCM No.: 10392	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>						
Street Address: 2031 Hughes Avenue 2A		Street Address: <b>658 Rutgers Place</b>							
City, State, Zip Code: Bronx, NY 10457		City, State, Zip Code: <b>Paramus, NJ 07652</b>							
Project Manager for Monitoring Firm: Monique McGriff		Telephone No.: 718-584-7800	Telephone No.: <b>(973) 350-0101</b>						
License No.: <b>01215</b>									
Start Date (10): 7/28/17	Scheduled Completion Date (11): 8/01/17		Name of OSHA Monitor: Metro Analytical Laboratories						
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 type="checkbox"/> Other Describe:		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>							
		City, State, Zip Code: <b>New York, New York, 10018</b>							
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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) 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	Encapsulat	Enclosure
<b>BASEMENT</b>		X		<b>PIPE ELBOWS</b>	<b>8 LF</b>	*			*
		X							
		X							
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 7/27/2017			

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

CK# 1105



Date of Notification (1) 7/27/17		Name of Building Owner/Operator (2) The Alpert Group	
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 1 Parker Pl	
		City, State, Zip Code Fort Lee, NJ 07024	
		Name of Contact Joe Alpert	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Apartment Bldg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Boston Way		Square Feet 10,000	# of Floors 7
City (5) Asbury Park		Bldg. Age 50+	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Bldg	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026
		License No. 01255	
Start Date (10) 8/7/17		Scheduled Completion Date (11) 8/30/17	
Name of OSHA Monitor Harmony Contracting Inc			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

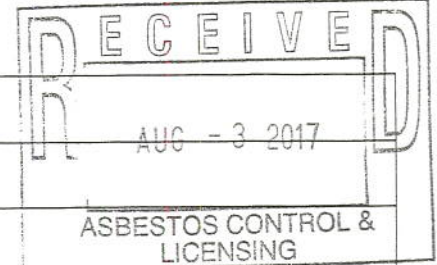
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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
Bldg 1 Stairwell, Landings, Lobby			x	VAT	2360 SF	x			
Bldg 2 Stairwell, Landings, Lobby			x	VAT	860 SF	x			
Bldg 3 Stairwell, Landings, Lobby			x	VAT	860 SF	x			
Bldg 4 Stairwell, Landings, Lobby			x	VAT	860 SF	x			

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Rivedale, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>		Date 7/27/17



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



Date of Notification (1)		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5)	Square Feet	# of Floors	Bldg. Age						
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Harmony Contracting Inc							
City, State, Zip Code		Street Address							
		360 Palisade Ave							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973460.6026	01255						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
		Harmony Contracting Inc							
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 type="checkbox"/> Other - Describe: _____		360 Palisade Ave							
		City, State, Zip Code							
		Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Bldg 5 Stairwell, Landings, Lobby			x	VAT	860 SF	x			
Bldg 6 Stairwell, Landings, Lobby			x	VAT	860 SF	x			
Bldg 7 Stairwell, Landings, Lobby			x	VAT	860 SF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by		Title	Signature			Date			



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

Date of Notification (1) <b>7/28/2017</b>		Name of Building Owner/Operator (2) <b>Michael Scanlan</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>AUG - 3 2017</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification  <input type="checkbox"/> Amended Notification  <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>South Orange, NJ, 07079</b>		
		Name of Contact <b>Michael Scanlan</b>		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Michael Scanlan</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) <b>South Orange</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Bldg. Age	
			Current Use (Prior if being demolished)	
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>07- 29- 17</b> Month Day Year	Sched. Completion Date (11) <b>07 -30 -17</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

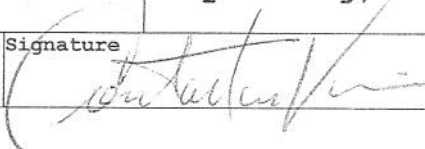
## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	110 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.25</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>07/31/17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature 		Date <b>7/28/2017</b>



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

**NO OK**

**RECEIVED**  
 AUG - 3 2017  
 ASBESTOS CONTROL & LICENSING

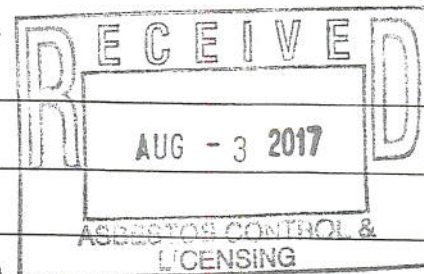
Date of Notification (1) <b>7/28/2017</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JAKE REID</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)							
Street Address <b>344 NORFOLK STREET</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>NEWARK</b>	Square Feet <b>24,000</b>	# of Floors <b>3</b>	Bldg. Age <b>Appx 94 yrs.</b>						
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCN No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
Start Date (10) <b>7/31/17</b>		Scheduled Completion Date (11) <b>8/1/17</b>	License No. <b>01111</b>						
Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>									
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operations only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 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
<b>MEZZANINE</b>		<b>X</b>		<b>TRANSITE DOOR PANELS</b>	<b>63 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>	Cubic Yards of Waste <b>Appx 10</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <b>Carol Raimo</b>	Date <b>7/28/17</b>					



CK # 8323

Print Form

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

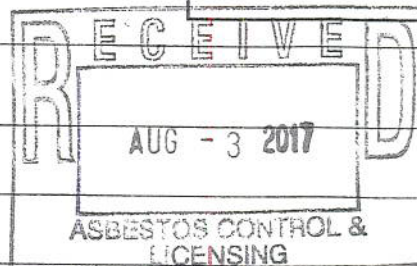


Date of Notification (1) <b>7/19/2017</b>		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact <b>JAKE REID</b>						
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</b>		FACILITY INFORMATION						
Street Address <b>344 NORFOLK STREET</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>NEWARK</b>		Square Feet <b>24,000</b>	# of Floors <b>3</b>					
County (6) <b>ESSEX</b>		Bldg. Age <b>APPX 94 yrs.</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SUB STATION</b>						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350					
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
Start Date (10) <b>7/31/17</b>		Scheduled Completion Date (11) <b>8/1/17</b>						
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operations only</b>		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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
<b>MEZZANINE</b>		<b>X</b>		<b>TRANSITE DOOR PANELS 63 SF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>APPX 10</b>	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature <b>Carol Raimo</b>	Date <b>7/19/17</b>				



Check#2833

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



Date of Notification (1) 07 / 27 / 17		Name of Building Owner/Operator (2) Rafael Souza	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Elizabeth, NJ 07206 Name of Contact Rafael Souza	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet    # of Floors    Bldg. Age	
City (5) Elizabeth, NJ 07206		County (6) Union	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 28 / 17	Scheduled Completion Date (11) 07 / 29 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Fair Lawn, NJ 07410			

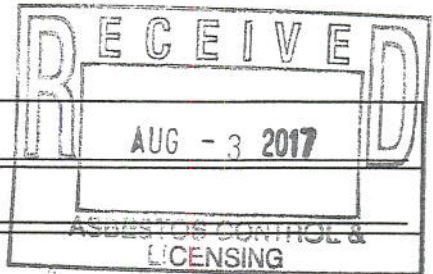
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)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

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 07/27/17	



1809

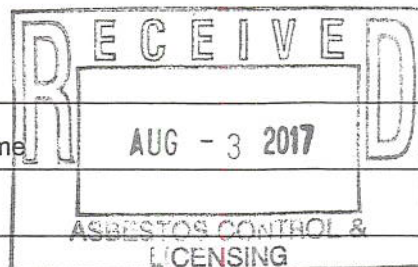
State of New Jersey  
NOTIFICATION ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>7/24/17</u>		Name of Building Owner/Operator (2) <u>Cheryl Jamieson</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u> City, State, Zip Code <u>Haddonfield, NJ 08033</u> Name of Contact <u>Cheryl Jamieson</u>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)								
Street Address <u>[REDACTED]</u>		Square Feet <u>2300 SF</u>								
City (s) <u>Haddonfield, NJ 08033</u>		# of Floors <u>3</u>								
County (6) <u>Camden, NJ</u>		Bldg. Age <u>65yrs</u>								
County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residence</u>								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. <u>AEi2, LLC</u>								
Street Address		Name of Abatement Contractor (9) <u>AEi2, LLC</u>								
City, State, Zip Code		Street Address <u>361 E. Fleming Pike</u>								
Project Manager for Monitoring Firm		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
Telephone No.		Telephone No. <u>609-481-2122</u>								
Start Date (10) <u>8/3/17</u>		License No. <u>00689</u>								
Scheduled Completion Date (11) <u>8/12/17</u>		Name of OSHA Monitor <u>AEi2, LLC</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>361 E. Fleming Pike</u>								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
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	Encapsulation	Enclosure	
Basement			X	Floor Tile	800 sf	X				
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>		Cubic Yards of Waste <u>2</u>		Name of Registered Landfill <u>TBD</u>				
City, State <u>Hammonton, NJ 08037</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>						
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature <u>[Signature]</u>		Date <u>7/24/17</u>				



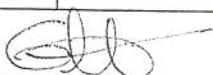
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/28/17		Name of Building Owner/Operator (2) Dominick Desimone 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"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Dom							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dominick Desimone Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Surf City NJ 08008		Square Feet 1000+	# of Floors Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/10/17	Scheduled Completion Date (11) 8/18/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	2700 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/18/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 7/28/17			



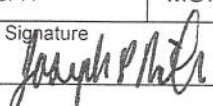
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/27/2017		Name of Building Owner/Operator (2) Fort Lee Borough Hall		check# 4817 (1)    check#4853 (2)	
Agencies Notified <input 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 309 Main Street  City, State, Zip Code Fort Lee, NJ 07024  Name of Contact Anthony Lione	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Borough Hall			Type of Facility (4)		
Street Address 309 Main Street			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Fort Lee			Square Feet		Bldg. Age
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Town building	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Ave		City, State, Zip Code Englewood, NJ 07631		Street Address 606 McBride Ave	
Project Manager for Monitoring Firm Nadine Bello		Telephone No. 201-569-6078		Telephone No. 973-225-8400	
Start Date (10) 08-05-2017		Scheduled Completion Date (11) 08-06-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied start 8 am</u>			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 / Limited Containment <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)
	Yes	No	N/A		
1st floor lobby			X	TSI pipe insulation	24 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	
City, State Woodland Park, New Jersey		Disposal Date		Name of Registered Landfill G.R.O.W.S Landfill	
Completed by Momo Glavatovic		Title Project manager		Signature 	
				Date 07/27/2017	



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



Date of Notification (1) <b>AUGUST 1, 2017</b>		Name of Building Owner/Operator (2) <b>BURLING FAMILY TRUST/BURLING ASSOCIATES</b>							
Agencies Notified	Type Notification	Street Address <b>319 SPRINGFIELD AVENUE</b>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SUMMIT, NJ</b>							
		Name of Contact <b>GERARD CROSBIE</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>FIREPLACE PLACE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>319 SPRINGFIELD AVENUE</b>		Square Feet <b>200 SF</b>	# of Floors <b>2</b>						
City (5) <b>SUMMIT</b>		Bldg. Age <b>50 YEARS</b>							
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RETAIL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Finishing Touch Asbestos Abatement Corp., Inc.</b>						
Street Address		Street Address <b>17 Thompson Street</b>							
City, State, Zip Code		City, State, Zip Code <b>West Long Branch, NJ 07764</b>							
Project Manager for Monitoring Firm <b>N/A</b>		Telephone No. _____	License No. _____						
Start Date (10) <b>AUGUST 15, 2017</b>		Scheduled Completion Date (11) <b>AUGUST 15, 2017</b>							
Name of OSHA Monitor <b>N/A</b>									
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>TSI</b>	<b>18LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Finishing Touch Asbestos Abatement Corp., Inc.</b>		NJDEP Waste Hauler ID No. <b>12058</b>	Cubic Yards of Waste <b>1 cy</b>	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>WEST LONG BRANCH, NJ</b>			Disposal Date <b>8/16/17</b>	City, State <b>MORRISVILLE, PA</b>					
Completed by <b>JOSEPH P. MILLER</b>		Title <b>PRESIDENT</b>	Signature 			Date <b>8/1/17</b>			



Check # 9555

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

OK # 9557

Date of Notification (1) 7/27/17		Name of Building Owner/Operator (2) STONE GATE REALTY LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 386 RT 59 SUITE 20		City, State, Zip Code AIRMONT, N.Y 10952							
Name of Contact DAVID LEISER		Name of Abatement Contractor (9) A.MAC Contracting Inc.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WARE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2-12 SOUTH ST		Square Feet 45000							
City (5) PASSAIC		# of Floors 4							
County (6) PASSAIC		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) WARE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Street Address 185 Vreeland Ave							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. (201)262-5841							
Telephone No.		License No. 00156							
Start Date (10) 7/21/17		Scheduled Completion Date (11) 9/8/17							
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street							
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 Hackensack, NJ 07606							
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ELEVATOR SHAFT			✓	PIPE INSULATION	150LF	✓			
BASEMENT			✓	VAT	2,200SF	✓			
BASEMENT			✓	DUCT INSULATION	40SF	✓			
EXTERIOR			✓	WINDOW CURBIC	2,810LF	✓			
EXTERIOR			✓	WINDOW GLAZING	4,200LF	✓			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 150	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ 07105		Disposal Date 7/21/17 On		City, State Pen Argyl, PA 08702					
Completed by Joseph Vocaturo		Title Vice President		Signature J Vocaturo		Date 7/27/17			



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AMAC

PAGE 02/03

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:13)

Check # 5545  
DOL - 10 DAY

Date of Notification (1) <b>7/21/17</b>		Name of Building Owner/Operator (2) <b>STONE GATE Realty LLC</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <b>386 Rt 59</b>		City, State, Zip Code <b>AIR MONT, N.Y 10952</b>						
Name of Contact <b>DAVID LEISER</b>		Telephone <b>716 262 5841</b>						
Name of Facility Where Abatement is Taking Place (3) <b>WARE HOUSE</b>								
Street Address <b>2-12 South St</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than 10-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, etc.)						
City (5) <b>PASSAIC</b>		Square Feet <b>45,000</b>						
County (6) <b>PASSAIC</b>		# of Floors <b>4</b>						
County Code (7) (STATE USE ONLY)		Bldg. Age <b>+50</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) <b>WAREHOUSE</b>						
Street Address		Name of Abatement Contractor (9) <b>AMAC Contracting Inc.</b>						
City, State, Zip Code		Street Address <b>185 Vreeland Ave</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ 07432</b>						
Telephone No.		Telephone No. <b>(201) 262-5841</b>						
Start Date (10) <b>7/21/17</b>		License No. <b>00156</b>						
Scheduled Completion Date (11) <b>8/4/17</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address <b>280 Huyler Street</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 260 sf or 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>ELEVATOR SHAFT</b>			<b>PIPE INSULATION</b>	<b>BOLE</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		WDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>7/21/17</b> On		City, State <b>Pen Argyl, PA 08702</b>				
Completed by <b>Joseph Vocatura</b>		Title <b>Vice President</b>		Signature <b>J Vocatura</b>		Date <b>7/21/17</b>		

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.



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



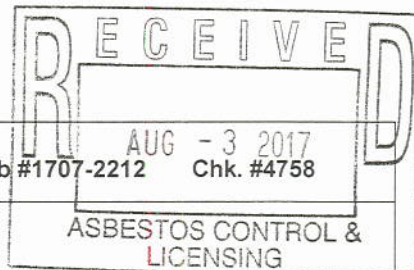
No OK


Check 16745  
RECEIVED  
AUG - 3 2017

Date of Notification (1) 7/27/17		Name of Building Owner/Operator (2) Phil Avello		<div>RECEIVED</div> <div>AUG - 3 2017</div>	
Agencies Notified		Street Address			
Type Notification		City, State, Zip Code			
		Name of Contact			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Belleville NJ 07109  Phil	
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 1800		
City (5) Belleville			# of Floors 2		Bldg. Age 90
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address				Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	
Start Date (10) 8/5/17		Scheduled Completion Date (11) 9/15/17		License No. 703	
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>basement</u>				Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				Street Address	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				City, State, Zip Code	
<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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
basement		x		pipe insulation	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	
City, State Freehold NJ		Disposal Date TBD		Name of Registered Landfill Western Berks Landfill	
Completed by A. Scott Higgins		Title Presidnet		Signature 	
				Date 7/27/17	



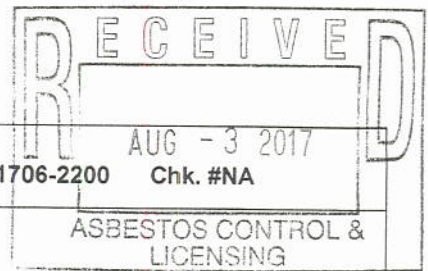
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

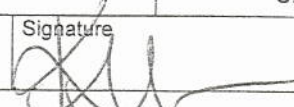


Date of Notification (1) <b>8 / 1 / 17</b>		Name of Building Owner/Operator (2) <b>Ashley &amp; Randall Zapaloski</b>		/ Job #1707-2212 Chk. #4758					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code <b>Trenton, NJ 08619</b> Name of Contact <b>Ashley</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) <b>Trenton</b>				Square Feet <b>1832 SF</b>	# of Floors <b>5</b>				
				Bldg. Age <b>46</b>					
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <b>8 / 14 / 17</b>		Scheduled Completion Date (11) <b>8 / 16 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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"/> Negative Pressure <i>Enclosure</i> <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
Main Area, Landing, Hall, Utility Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	370 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>8/16/17</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>8-1-2017</b>			



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



Date of Notification (1) <u>6</u> / <u>30</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Somerville Fidelco</b> / Job #1706-2200 Chk. #NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment #1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>520 Route 22 / PO Box 6872</b> City, State, Zip Code <b>Bridgewater, NJ 08807</b> Name of Contact <b>Barry Ages, KRE Group</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property</b> Street Address <b>60 Fourth Street</b> City (5) <b>Somerville</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet <b>15,000</b> # of Floors <b>1</b> Bldg. Age <b>35</b>							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b> Street Address <b>400 Street Road</b> City, State, Zip Code <b>Bensalem, PA 19020</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b> Street Address <b>3859 Sylon Boulevard</b> City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b> Telephone No. <b>215-244-1300</b>		Telephone No. <b>609-702-0400</b> License No. <b>00862</b>							
Start Date (10) <u>7</u> / <u>17</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>4</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>2nd Shift Work</u> AM- <u>PM</u> PM- <u>AM</u>		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
SEE ATTACHED SURVEY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amend #1 -	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluding Scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>					
City, State <b>Lafayette, NJ</b>			Disposal Date <b>8/4/17</b>	City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>	Signature 			Date <b>7-27-17</b>			



AUG - 3 2017

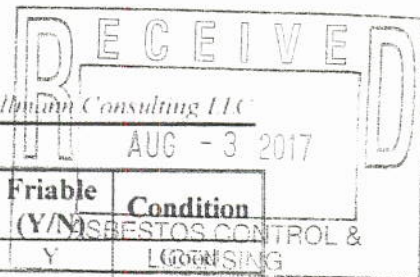
(Certified Proficient by New Jersey Department of Environmental Protection [NJDEP] Laboratory ID #20037). The method of analysis was polarized light microscopy (PLM) with dispersion staining, as required by the USEPA. Additionally, a total of thirteen (13) representative samples were further analyzed via transmission electron microscopy (TEM), as per the New Jersey Labor and Workforce Division (NJLWD) 12:120-3.2, by the same Hillmann laboratory. ACM is defined by federal regulations as any material or product containing more than one percent asbestos.

The laboratory was instructed to stop analysis after the first positive result in any homogeneous group of samples. In accordance with USEPA protocol, a positive result indicates that the homogeneous group is considered to be asbestos-containing, and further analysis is not necessary. A total of fifty seven (57) PLM samples were collected but not analyzed due to this method.

The laboratory analysis indicated that the following materials were identified as ACM, as listed in the table below:

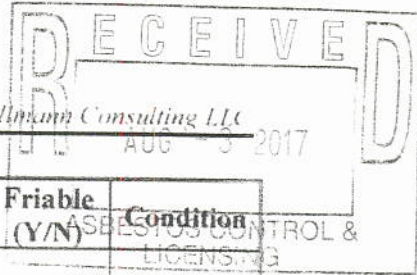
Location	Material	Quantity	Friable (Y/N)	Condition
1 <sup>st</sup> Floor, Lab 1	Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
	Cove Base Mastic	65 LF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Sink Undercoating	7 SF	N	Good
	Insulated Pipe Fitting	8	Y	Good
1 <sup>st</sup> Floor, Lab 2	Debris, Brown	1 SF	N	Good
	Putty Sealant (on Light Fixtures)	½ SF (1)	N	Good
	Cove Base Mastic	45 LF	N	Good
	Insulated Pipe Fittings	3	Y	Good
1 <sup>st</sup> Floor, Lab 3	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
	Cove Base Mastic	40 LF	N	Good
1 <sup>st</sup> Floor, Lab 4	Tan 9"x9" Floor Tile and Mastic, Patches near Ceramic Wall	1 SF	N	Good
	Cove Base Mastic	95 LF	N	Good
	Insulated Pipe Fittings	37	Y	Good
	Putty Sealant (on Light Fixtures)	1½ SF (8)	N	Good
1 <sup>st</sup> Floor, Lab 5	12"x12" Pink Floor Tile and Mastic, Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
	Tan 9"x9" Floor Tile and Mastic, beneath Wall Partition	Included	N	Good
	Wallboard and Joint Compound*	715 SF	Y	Good
	Transite Hood	50 SF	N	Good
	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant on Light Fixtures	1 SF (6)	N	Good





Location	Material	Quantity	Friable (Y/N)	Condition
1 <sup>st</sup> Floor, Lab 6	Cove Base Mastic	30 SF	Y	Good
	Putty Sealant (on Light Fixtures)	1/2 SF (1)	N	Good
	Wallboard and Joint Compound*	650 SF	Y	Good
1 <sup>st</sup> Floor, Lab 7	Beige 12"x12" Floor Tile and Underlayment	250 SF	N	Good
	Insulated Pipe Fittings	7	Y	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
1 <sup>st</sup> Floor, Lab Suite	Pink 12"x12" Floor Tile and Mastic beneath Carpet Mastic*	100 SF	N	Good
	Cove Base Mastic	50 SF	N	Good
	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant (on Light Fixtures)	1/2 SF (2)	N	Good
	Wallboard and Joint Compound*	275 SF	Y	Good
1 <sup>st</sup> Floor, Corridor from Labs to Storage Area	Cove Base Mastic	60 SF	N	Good
	Insulated Pipe Fittings	2	Y	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
1 <sup>st</sup> Floor, Application Lab	Carpet Mastic, Pink Mottled 12"x12" Floor Tile and Mastic*	180 SF	N	Good
	Wallboard and Joint Compound*	650 SF	Y	Good
	Cove Base Mastic	55 SF	N	Good
	Putty Sealant (on Light Fixtures)	1/2 SF (2)	N	Good
1 <sup>st</sup> Floor, Break Room	Pink 12"x12" Floor Tile and Associated Mastic, Orange 9"x9" Floor Tile and Mastic	310 SF	N	Good
	Cove Base Mastic	70 SF	N	Good
1 <sup>st</sup> Floor, Break Room Storage Rm	Pink 12"x12" Floor Tile and Associated Mastic, Orange 9"x9" Floor Tile and Mastic	130 SF	N	Good
	Cove Base Mastic	50 SF	N	Good
1 <sup>st</sup> Floor, Corridor	Beige Mottled 12"x12" Floor Tile and Mastic	800 SF	N	Good
	Wallboard and Joint Compound*	135 SF	Y	Good
	Cove Base Mastic	215 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 1/2 SF (9)	N	Good
	Insulated Pipe Fittings	66	Y	Good
1 <sup>st</sup> Floor, Storage Room #1	Pink 12"x12" Floor Tile and Mastic	380 SF	N	Good
	Cove Base Mastic	70 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 1/2 SF (8)	N	Good
	Insulated Pipe Fittings	60	Y	Good
	Pipe Insulation	40 LF	Y	Good



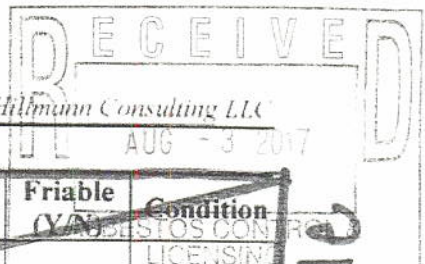


Location	Material	Quantity	Friable (Y/N)	Condition
1 <sup>st</sup> Floor, Storage Room #2	Beige 12"x12" Floor Tile and Mastic, Beige 9"x9" Floor Tile and Mastic	340 SF	N	Good
	Cove Base Mastic	105 SF	N	Good
	Putty Sealant (on Light Fixtures)	2 1/2 SF (14)	N	Good
	Insulated Pipe Fittings	21	Y	Good
1 <sup>st</sup> Floor, Storage Room #3	Window Glazing	10 LF	N	Good
	Beige Streaked 9"x9" Floor Tile and Mastic	240 SF	N	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	2 SF (10)	N	Good
	Insulated Pipe Fittings	2	Y	Good
1 <sup>st</sup> Floor, Storage Room #4	Residual Mastic, Leveling Compound	1,560 SF	N	Good
	Window Glazing	40 LF	N	Good
	Cove Base Mastic	200 SF	N	Good
	Putty Sealant (on Light Fixtures)	4 1/2 SF (27)	N	Good
	Insulated Pipe Fittings	21	Y	Good
1 <sup>st</sup> Floor, Storage Room #5	Cove Base Mastic	15 SF	N	Good
	Putty Sealant (on Light Fixtures)	2 SF (12)	N	Good
	Insulated Pipe Fittings	7	Y	Good
1 <sup>st</sup> Floor, Storage Room #6	Insulated Pipe Fittings	2	Y	Good
1 <sup>st</sup> Floor, Storage Loft Room	Insulated Pipe Fittings	30	Y	Good
1 <sup>st</sup> Floor, Office Storage Room	Beige 9" x9" Floor Tile and Mastic	400 SF	N	Good
	Cove Base Mastic	80 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 1/2 SF (7)	N	Good
	Insulated Pipe Fittings	18	Y	Good
1 <sup>st</sup> Floor, Office #1	Gray 12"x12" Floor Tile and Mastic	195 SF	N	Good
	Cove Base Mastic	30 SF	N	Good
	Putty Sealant (on Light Fixtures)	3 SF (17)	N	Good
	Insulated Pipe Fittings	6	Y	Good
4 <sup>th</sup> Floor, Office #2	Carpet Mastic, Pink 12"x12" Floor Tile and Mastic, Beige 12"x12" Floor Tile and Mastic*	290 SF	N	Good
	Cove Base Mastic	65 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Insulated Pipe Fittings	5	Y	Good
	Wallboard and Joint Compound*	760 SF	Y	Good

Removed from Scope

AMS will not be performing office removal.





Exclude

Location	Material	Quantity	Friable (Y/N)	Condition
1 <sup>st</sup> Floor, Office #3	Carpet Mastic, Pink 12"x12"			
	Floor Tile and Mastic, Leveling Compound*	180 SF	N	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	1/2 SF (3)	N	Good
	Wallboard and Joint Compound*	670 SI	Y	Good
1 <sup>st</sup> Floor, Warehouse	Insulated Pipe Fittings	43	Y	Good
1 <sup>st</sup> Floor, Mechanical Room	Duct Sealant	25 LF	N	Good
	Flange Gasket	16 SF (16)	N	Good
	Insulated Pipe Fittings	3	Y	Good
1 <sup>st</sup> Floor, Boiler Room	Exterior Transite Panel	970 SF	N	Good
	Insulated Pipe Fittings	17	Y	Good
	Built-up Roofing*	160 SF	N	Good
	Pitch Pockets	3 SF	N	Good

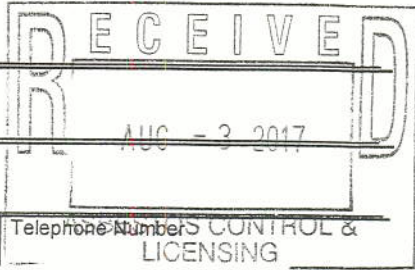
Exclude



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

B & G proj. #: 2017-102

Check # 8510

Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) Erin Ihde-Gasak		
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Glen Ridge, NJ 07028		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Erin Ihde		
<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) Erin Ihde-Gasak			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	# of Floors
City (5) Glen Ridge, NJ 07028			County (6) Essex	Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 08/14/2017	Sched. Completion Date (11) 08/15/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		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 m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement			<input checked="" type="checkbox"/>	pipe insulation	8 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/4 yd	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/15/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/01/2017

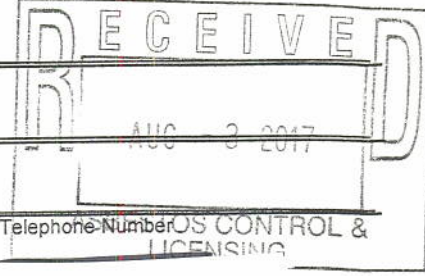


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-103A

\*\*\* NON Sub 8 \*\*\*

Check # 8511

Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) Tenafly Public Schools		
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	Street Address 500 Tenafly Road		
	<input type="checkbox"/> Amendment	City, State, Zip Code Tenafly, NJ 07670		
	<input type="checkbox"/> Cancellation	Name of Contact Tom Lepore		
	Telephone Number			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tenafly Middle School (Non-sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 10 Sunset Lane					
City (5) Tenafly, NJ 07670	County (6) Bergen	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished) non-sub 8		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number (973)696-6869		
Scheduled Start Date (10) 08/14/2017			License Number 00378		
Sched. Completion Date (11) 08/17/2017			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			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 type="checkbox"/> Glovebag procedure               |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input type="checkbox"/> Mini-enclosure                       | <input checked="" 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						
Kitchen Office			X	VAT & mastic	72 sf	X			
Examination Room			X	VAT & mastic	72 sf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 08/17/2017		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/01/2017



B &amp; G proj. #: 2017-1038

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

\*\*\* NON Sub 8 \*\*\*

Check # 8512

Date of Notification (1) 10/8/10/11/17		Name of Building Owner/Operator (2) Tenaflly Public Schools	
Agencies Notified	Type Notification	Street Address 500 Tenaflly Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Tenaflly, NJ 07670	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Tom Lepore	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH		[RECEIVED AUG 3 2017 ASBESTOS CONTROL & LICENSING]	
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MacKay Elementary School (Non-sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 111 Jefferson Avenue			Square Feet # of Floors Bldg. Age		
City (5) Tenaflly, NJ 07670	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) non-sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/14/2017		Sched. Completion Date (11) 08/17/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ 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						
Nurses Office			<input checked="" type="checkbox"/>	VAT & mastic	185 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 202			<input checked="" type="checkbox"/>	VAT & mastic	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/17/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/01/2017

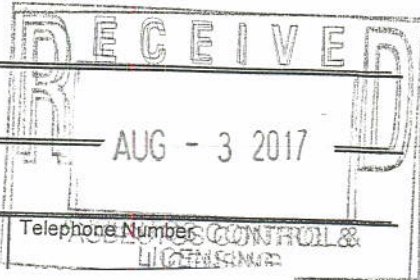


B &amp; G proj. #: 2017-86

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

\*\*\* Sub 8 \*\*\*

Check # 8508

Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) Bloomsbury Board of Education		
Agencies Notified	Type Notification	Street Address 20 Main Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomsbury, NJ 08804		
		Name of Contact Tim Mantz		
Telephone Number				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bloomsbury Elementary School (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)			
Street Address 20 Main Street			Square Feet # of Floors Bldg. Age			
City (5) Bloomsbury, NJ 08804	County (6) Hunterdon	County Code (7) (State use only)	Current Use (Prior if being demolished) Sub 8			
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental Analysis		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address 401 St James Avenue		Street Address 105 Ryerson Road				
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035				
Project Manager for Monitoring Firm Jon Gilbert		Phone Number 973-949-3523	Telephone Number (973)696-6869		License Number 00378	
Scheduled Start Date (10) 08/11/2017	Sched. Completion Date (11) 08/12/2017					
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)	Remove Repair Encap Encl	
Kitchen meter closet	Yes	No	N/A	pipe fittings	10 fittings	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gym (next to kitchen)				pipe fittings	2 fittings	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gym Closet				pipe insulation	25 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"/>
Registered Waste Hauler E & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 08/14/2017		City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature Gordana Luna		Date 08/01/2017	



EDS17-110

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

Page 1 of 1

Check # 3135

Date of Notification (1) 7-28-2017		Name of Building Owner/Operator (2) Sandyston-Walpack Consolidated School District							
Agencies Notified	Type Notification	Street Address 100 Route 560	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  AUG - 3 2017  NJ DEPARTMENT OF ENVIRONMENTAL CONTROL &amp; IG </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Layton, NJ 07851							
		Name of Contact John Postas							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sandyston-Walpack Consolidated 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 100 Route 560		Square Feet 20,000 +	# of Floors 1						
City (5) Layton		Bldg. Age 50+							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 8/21/2017	Scheduled Completion Date (11) 8/25/2017	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 Tpke							
		City, State, Zip Code Bloomington, 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
ROOM C-7 CRAWLSPACE			X	Asbestos Pipe Insulation	60 LF	X			
ROOM C-7 CRAWLSPACE			X	Asbestos Contaminated Soil	600 SF	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 7-28-2017			



CR # 3246

RECEIVED  
AUG - 3 2017  
Telephone Number  
AC -



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

*Ch # 3245*

Date of Notification (1) <b>8/1/17</b>		Name of Building Owner / Operator (2) <b>Burlington Coat Factory</b>		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">AUG - 3 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Telephone Number</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL LICENSING</div>					
Agencies Notified	Type Notification	Street Address <b>1830 US Route 130 North</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Burlington NJ 08016</b>							
		Name of Contact <b>Mike Woods</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Burlington Coat Factory Store #6</b>			Type of Facility (4)						
Street Address <b>651 Route 17 Suite 2</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Paramus</b>	County (6) <b>Bergen</b>	County Code (7)	Square Feet <b>72500</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>				
			Current Use (Prior if being demolished) <b>Retail</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>WCD Group LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>1350 Broadway, Suite 1904</b>			Street Address <b>1123 BEAVER STREET</b>						
City, State & Zip Code <b>New York, NY</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>Eric Telemaque</b>		Telephone Number <b>212-631-9000</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>					
Scheduled Start Date (10) <b>August 14, 2017</b>	Scheduled Completion Date (11) <b>August 30, 2017</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>						
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 BEAVER STREET</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Phase 3 (see attached phasing plan)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Register Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</b>	<b>3,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>South Area Rear</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</b>	<b>16,420 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>				Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jle</i>			Date <b>8/1/17</b>			