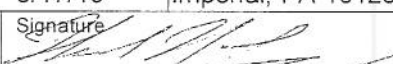


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)


1099

Date of Notification (1) May 08, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920 / 1001 Route 202, PO Box 300 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 920 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.							
Street Address 12 Kilmer Drive		Name of Abatement Contractor (9) The MACK Group, LLC.							
City, State, Zip Code Hillsborough, NJ 08844-3830		Street Address 1500 Kings HWY N, STE 209							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
Start Date (10) 5/17/14		License No. 00781							
Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 8.3	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 			Date 5/8/14		

NO CK

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

1133

Date of Notification (1) June 06, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920 / 1001 Route 202, PO Box 300 2014 AUG -4 PM 5:39 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 920 / 1001 Route 202		<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) Raritan, NJ		Square Feet	Bldg. Age						
County (6) Somerset		3							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 			Date 6/6/14		

[illegible]

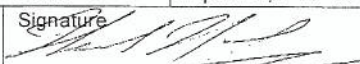
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1089

Date of Notification (1) August 01, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Raritan, NJ 08869	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact Project Manager	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #2	Telephone Number 2014 AUG -4 PM 5:38	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)	
Street Address 920 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3
County (6) Somerset		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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)			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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill	
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126	
Completed by Michael Cooper		Title President	Signature 		Date 8/1/14

[illegible]

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

Date of Notification (1) <div style="text-align: center;">8 / 1 /14</div>		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MIKE LATRONICA		Telephone Number 908-988-1000	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE -BUILDING 32		Square Feet 100,400	# of Floors 7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 8 / 11 /14		Sched. Completion Date (11) 10 / 15 /14	
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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 5 PM - 1 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
7TH FLOOR -BUILDING 32-KITCHEN AREA	X			VAT & MASTIC	100 SQ. FT.	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 8/11/2014-10/15/2014		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	
				Date 8/11/14	

Date of Notification (1) <u>0</u> / <u>7</u> / <u>2</u> <u>9</u> / <u>1</u> <u>4</u>		Name of Building Owner/Operator (2) Summit Public Schools	
Agenencies Notified	Type Notification	Street Address 14 Beekman Terrace	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Summit, NJ 07901	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Elizabeth Boak	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Summit High 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 125 Kent Place Boulevard			Square Feet	# of Floors	Bldg. Age
City (5) Summit, NJ 07901			50,000	2	70
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, Inc.		ASCM No. 00127	Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 307 North Walnut Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Matt Abraham		Telephone Number 610-996-3515	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 08 / 08 / 14		Sched. Completion Date (11) 08 / 10 / 14	Name of OSHA Monitor Four Strong Builders, 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 180 Sargeant Avenue		
			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C I O S U R E
Gym	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	32 each	<input checked="" type="checkbox"/>			
Girls Locker Room Storage Room	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	7 each	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 7/29/14

EMERGENCY
w/ LETTER

1580

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

Date of Notification (1) 7-29-14		Name of Building Owner/Operator (2) GENNARO PENTANGELO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 132 SOUTH SHORE DRIVE	
		City, State, Zip Code TOMS RIVER NJ 08751	
		Name of Contact ERIC PLACKIS	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 132 SOUTH SHORE DRIVE		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 132 SOUTH SHORE DRIVE		Square Feet	# of Floors
City (5) TOMS RIVER NJ		Bldg. Age	
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOME	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) BRICK INDUSTRIES INC	
Street Address		Street Address 145 NATICK TR.	
City, State, Zip Code		City, State, Zip Code BRICK NJ 08724	
Project Manager for Monitoring Firm		Telephone No. 732 899-7499	License No. 01196
Start Date (10) 8-1-14	Scheduled Completion Date (11) 8-4-14	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 10 LF
	Yes No N/A		
BASEMENT	<input checked="" type="checkbox"/>	THERMAL INSULATION	10 LF
Name of Registered Waste Hauler BRICK INDUSTRIES INC		NUDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 1
City, State BRICK NJ		Disposal Date 8	Name of Registered Landfill GROWS
		City, State PA	
Completed By ERIC PLACKIS	Title PRES.	Signature <i>[Signature]</i>	Date 7-29-14

CK 1578

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

RECEIVED

Date of Notification (1) <u>8-28-14</u>		Name of Building Owner/Operator (2) <u>THERESA S. BUCKLEY</u>		2014 AUG -4 PM 3:02				
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2 MASON HILL ROAD</u>		ASBESTOS CONTROL LICENSING				
		City, State, Zip Code <u>WARREN N.J. 07059</u>		Telephone Number				
		Name of Contact <u>ERIC PLACKIS</u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>296 HARBOR COURT</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) <u>HOME</u>				
City (5) <u>NORMANDY BEACH, N.J.</u>				Square Feet	# of Floors			
County (6) <u>OCEAN</u>					<u>2</u>			
County Code (7) (STATE USE ONLY)				Bldg. Age <u>50</u>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC</u>				
Street Address				Street Address <u>105 NATICK TRAIL</u>				
City, State, Zip Code				City, State, Zip Code <u>BRICK N.J. 08724</u>				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>732 899-7499</u>	License No. <u>01196</u>			
Start Date (10) <u>8-9-14</u>	Scheduled Completion Date (11) <u>8-15-14</u>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>VACANT</u>			Street Address					
			City, State, Zip Code					
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 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				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>FLOOR TILE</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>ACM</u>	Amount (Specify SF or LF) <u>900 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC</u>		NIDEF Waste Hauler ID No. <u>21602</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>				
City, State <u>BRICK, N.J.</u>		Disposal Date <u>8-15-14</u>	City, State <u>PA</u>					
Completed By <u>ERIC PLACKIS</u>	Title <u>PRES.</u>	Signature <u>Eric Plackis</u>	Date <u>8-29-14</u>					

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

RECEIVED

Date of Notification (1) <u>7-28-14</u>		Name of Building Owner/Operator (2) <u>KIMBERLY CONTEY</u>		2014 AUG -4 PM 3:02					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>53 BARTON HOLLOW RD</u> City, State, Zip Code <u>FLEMINGTON NJ. 08822</u> Name of Contact <u>ERIC PLACKIS</u> Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>13 OBISPO DRIVE</u>				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.) <u>HOME</u>					
Street Address <u>13 OBISPO DRIVE</u>		Square Feet <u>1000</u>		# of Floors <u>1</u>					
City (5) <u>BRICK</u>		Bldg. Age <u>50</u>		Current Use (Prior to being demolished) <u>RESIDENCE</u>					
County (6) <u>OCEAN</u>		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Street Address <u>145 NATICK TRAIL</u>					
Street Address		City, State, Zip Code <u>BRICK NJ. 08724</u>		Telephone No. <u>732 899-7490</u>					
City, State, Zip Code		Telephone No.		License No. <u>01196</u>					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) <u>8-8-14</u>		Scheduled Completion Date (11) <u>8-13-14</u>		Street Address					
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>VACANT</u>				City, State, Zip Code					
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 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					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>TRANSITE</u>	<u>10</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC</u>		NIEP Waste Hauler ID No. <u>21602</u>		Cubic Yards of Waste <u>5</u>		Name of Registered Landfill <u>G.R.O.W.S</u>			
City, State <u>BRICK, N.J.</u>		Disposal Date <u>8-15-14</u>		City, State <u>PA</u>					
Completed By <u>ERIC PLACKIS</u>		Title <u>PRES.</u>		Signature <u>[Signature]</u>		Date <u>7-29-14</u>			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) July 29, 2014		Name of Building Owner/Operator (2) Somerset Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 911 E. County Line Road	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Rose Sweeney	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 18 Anglers Road			Square feet 1500 sf		
City Tuckerton	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 7/29/14		Scheduled Completion Date (11) 7/31/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Porch interior wall		X		Asbestos siding	160 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 8/1/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 7/29/14		

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

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

Date of Notification (1) 7 / 30 / 14			Name of Building Owner/Operator (2) HACKENSACK UMC							
Agencies Notified			Street Address 30 PROSPECT AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #2 <input type="checkbox"/> EMERGENCY NOTIFICATION							
			City, State, Zip Code HACKENSACK, NEW JERSEY 07601							
			Name of Contact JOHN NESBITT							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UMC				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 30 PROSPECT AVENUE-BOILER HOUSE				Square Feet 150	# of Floors 6	Bldg. Age 52				
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) BOILER HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL CORPORATION				ASCM No. 17						
Street Address 280 HUYLER STREET				Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code S. HACKENSACK, NEW JERSEY				City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700		Telephone Number 845-369-7500		License Number 1101				
Expected State Date (10) 7 / 24 / 14 Month Day Year		Sched. Completion Date (11) 12 / 30 / 14 Month Day Year		Name of OSHA Monitor QAUALITY ENVIRONMENTAL						
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 checked="" type="checkbox"/> Other - Describe: Monday - Friday 5:00 pm - 1:00 am				Street Address 1376 ROUTE 9						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovator <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encls. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
							REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BOILER HOUSE HT WATER TANK ROOM		X			TANK INSULATION	250 SQ. FT.	X			
BOILER HOUSE HT WATER TANK ROOM		X			PIPE INSULATION	150 LN. FT.	X			
Name of Registered Waste Haule VISION TRANSPORT 2 FISH HOUSE ROAD		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill GROWS LANDFILL 1121 BORDENTOWN ROAD				
City, State KEARNY, NJ 07032		Disposal Date 7/24/14-12/30/14		City, State MORRISVILLE, PA 19067						
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature			Date 7-30-14			

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

Date of Notification (1) 7 / 23 /14		Name of Building Owner/Operator (2) HACKENSACK UMC	
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		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact JOHN NESBITT	
		Telephone Number 12	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UMC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE-BOILER HOUSE		Square Feet 150	# of Floors 6
City (5) HACKENSACK		Bldg. Age 52	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BOILER HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL CORPORATION		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 280 HUYLER STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code S. HACKENSACK, NEW JERSEY		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700	License Number 845-369-7500
Expected State Date (10) 7 / 24 /14 Month Day Year		Sched. Completion Date (11) 12 / 30 /14 Month Day Year	
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 checked="" type="checkbox"/> Other - Describe: Monday - Friday 5:00 pm - 1:00 am		Name of OSHA Monitor QAUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BOILER HOUSE HT WATER TANK ROOM	X			TANK INSULATION	250 SQ. FT.	X			
BOILER HOUSE HT WATER TANK ROOM	X			PIPE INSULATION	150 LN. FT.	X			

Name of Registered Waste Hauler VISION TRANSPORT 2 FISH HOUSE ROAD City, State KEARNY, NJ 07032	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL 1121 BORDENTOWN ROAD City, State MORRISTOWN, PA 19067
Disposal Date 7/24/14-12/30/14	Signature 		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Date 7/23/14	

Date of Notification (1) 7 / 11 /14		Name of Building Owner/Operator (2) HACKENSACK UMC	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification		Name of Contact JOHN NESBITT	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UMC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE-BOILER HOUSE		Square Feet 150	# of Floors 6
		Bldg. Age 52	
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL CORPORATION		ASCM No. 17	Current Use (Prior if being demolished) BOILER HOUSE
Street Address 280 HUYLER STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code S. HACKENSACK, NEW JERSEY		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700	License Number 1101
Expected State Date (10) 7 / 24 /14 Month Day Year		Sched. Completion Date (11) 12 / 30 /14 Month Day Year	
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 checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor QAUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BOILER HOUSE HT WATER TANK ROOM	X			TANK INSULATION	250 SQ. FT.	X			
BOILER HOUSE HT WATER TANK ROOM	X			PIPE INSULATION	150 LN. FT.	X			

Name of Registered Waste Hauler VISION TRANSPORT 2 FISH HOUSE ROAD City, State KEARNY, NJ 07032	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL 1121 BORDENTOWN ROAD City, State MORRISVILLE, PA 19067
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature
		Disposal Date 7/24/14-12/30/14	Date 7/11/14

NO CK

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

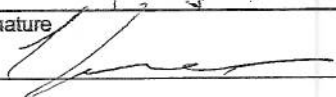
Check # 9015

Date of Notification (1) 2014 AUG - July 23, 2014		Name of Building Owner/Operator (2) Christopher Ruhs					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 2357 North Firelane Road		City, State, Zip Code Southampton NJ 08088					
Name of Contact Chris Ruhs		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 2357 North Firelane Road		Square Feet	# of Floors 2				
City (5) Southampton NJ 08088		Bldg. Age					
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394				
Start Date (10) Aug 18, 2014		Scheduled Completion Date (11) Aug 18, 2014					
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 EPC Technologies Inc					
		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
1st fl Home office		X	WRAPPED AIR DUCT	10 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste < 1	Name of Registered Landfill Waste Management of PA			
City, State New Egypt NJ		Disposal Date 8-12-14	City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 7-31-14		

Correct Address # 2357

CHFEK 1072

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

Date of Notification (1)		Name of Building Owner/Operator (2) Donna Fisher							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 41-Lake Michigan Dr.		2014 AUG -4 PM 2:31							
City, State, Zip Code Little Egg Harbor, NJ 08087		ASBESTOS CONTROL							
Name of Contact Emily Diangson		Telephone Number ING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Donna Fisher Property		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 41-Lake Michigan Dr.		Square Feet 2300	# of Floors 1						
City (5) Little Egg Harbor		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Environmental, LLC						
Street Address		Street Address 339-Lafayette Street							
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. 973-491-077	License No. 01240						
Start Date (10) 8/2/14	Scheduled Completion Date (11) 8/3/14	Name of OSHA Monitor JES ENVIRONMENTAL CORP							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 - Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Encapsulate	Enclosure
Rear of the House			X	Transite Siding	1225 SF	X			
Rear side Wall			X	Grey Brick Caulk	160 LF	X			
South Wall			X	Window Adhesive	50 LF	X			
Living Room			X	Floor Tile Mastic	875 SF	X			
Name of Registered Waste Hauler TRA STATE TRANSFER ASS.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISES					
City, State		Disposal Date	City, State Wymersburg OH 44688						
Completed by Carlos Gomes		Title President	Signature 				Date 7/28/14		

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

CK# 2397

Emergency
Sandy

Date of Notification (1) 7/31/14		Name of Building Owner/Operator (2) Unanue Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 483 Normandy Drive		City, State, Zip Code Brick, New Jersey							
Name of Contact Mike		Telephone Number 732-294-1757							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Unanue 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 483 Normandy Drive		Square Feet 2100							
City (5) Brick		# of Floors 2							
County (6) Ocean		Bldg. Age 60+							
County Code (7) 06000		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757							
Telephone No.		License No. 00029							
Start Date (10) 8/1/14		Scheduled Completion Date (11) 8/4/14							
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: 7AM-7PM		Name of OSHA Monitor							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) outside	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding	Amount (Specify SF or LF) 1800 SF	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Colts Neck, New Jersey		Disposal Date 8/4/14		City, State Tullytown, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree		Date 7/31/14			

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

CK# 2398

2014 AUG -4 PM 2:34

RECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2) Eva Katsonis						
Agencies Notified	Type Notification	Street Address 34 Virginia Ave						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Monaca, New Jersey						
		Name of Contact Bobb	Telephone Number 9-...					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Katsonis 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 229 First Ave		Square Feet 1200	# of Floors 1					
City (5) Monaca		Bldg. Age 60						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address		Street Address 95 Montrose Road						
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029					
Start Date (10) 8/7/14	Scheduled Completion Date (11) 8/12/14	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am-7pm		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
outdoors			X	Siding	1000 SF	X		
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Colts Neck, New Jersey		Disposal Date 8/12/14		City, State Tullytown, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree		Date 8/1/14		

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

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) MIZ CONSTRUCTION		2014 AUG -4 PM 2:35					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 212 2ND STREET, STE 302 City, State, Zip Code LAKEWOOD, NJ 08701 Name of Contact SAUL MIZRACHI Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 145 SOMERSET AVENUE City (5) LAKEWOOD County (6) OCEAN				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000 # of Floors 2 Bldg. Age _____ Current Use (Prior if being demolished) HOME					
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 License No. 1200					
Start Date (10) 08/10/14		Scheduled Completion Date (11) 08/10/14		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
OUTSIDE		X		SIDING	1000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 08/10/14	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature _____		Date _____			

OK 2780

Print Form

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

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) MIZ CONSTRUCTION		2014 AUG -4 PM 2:35	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 212 2ND STREET, STE 302 City, State, Zip Code LAKEWOOD, NJ 08701 Name of Contact SAUL MIZRACHI	
				Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 331 Laurel Avenue City (5) Lakewood			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Ocean County			County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS		
Street Address		Street Address 6 WHITE DOVE COURT			
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200	
Start Date (10) 08/11/14		Scheduled Completion Date (11) 08/11/14		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701		
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		SIDING	1200 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 08/11/14		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

Emergency

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:26 and 17:27)

Check # 9014

(signature)

Date of Notification (1) July 31, 2014		Name of Building Owner/Operator (2) Peter Miranda		2014 AUG -4 PM 2:39	
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 87 Wilson AVE City, State, Zip Code Port Monmouth, NJ 07758 Name of Contact Peter Miranda Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Sandy Storm)			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 87 Wilson AVE			Square Feet		
City (5) Port Monmouth NJ 07758			# of Floors 1		
County (6) Monmouth			Bldg. Age 70+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Single family Dwelling		
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A		Name of Abatement Contractor (9) EPC Technologies Inc.	
Street Address P.O. Box 337		Street Address P.O. Box 337		City, State, Zip Code New Egypt NJ 08533	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533		Telephone No. 609 758-3365	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365		License No. 00394	
Start Date (10) 8-5-14		Scheduled Completion Date (11) 8-12-14		Name of OSHA Monitor EPC Technologies Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2280 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-Frangible 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)	
Front half interior		X		Floor Tiles/mastic	
				750 SF	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 3	
City, State New Egypt NJ		Disposal Date 8-12-14		Name of Registered Landfill Waste Management of PA	
City, State Morrisville PA		City, State PA		Date 7-31-14	
Completed by Steve Schenker		Title President		Signature Steve Schenker	

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

CR 5179

Date of Notification (1) 7-30-2014		Name of Building Owner/Operator (2) J. ARCHIBALD				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 147 OAK STREET	2014 AUG - 4 PM 2:54			
		City, State, Zip Code RIDGEWOOD, NJ 07450				
		Name of Contact J. ARCHIBALD				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) J. ARCHIBALD		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 147 OAK STREET		Square Feet 1900	# of Floors 2			
City (5) RIDGEWOOD		Bldg. Age 104 YRS				
County (6) BERGEN		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) Best Removal Inc			
Street Address		Street Address 450 S. River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444			
Start Date (10) 8-11-2014		Scheduled Completion Date (11) 8-12-2014	License No. 00388			
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: 8AM - 5PM		Name of OSHA Monitor Omega Environmental Inc				
		Street Address 280 Huyler St				
		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 SF <input type="checkbox"/> ≥ 100 sf or ≥ 200 SF <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 type="checkbox"/> Non-Exempted (?) and Non-Fixable 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, VAI, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT + CRAWL SPACE		X THERMAL INSULATION	115 LF	X		
Name of Registered Waste Handler Best Removal Inc		N.J.EP Waste Handler ID No. 17109	Cubic Yards of Waste 140	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 8-12-14	City, State Waynesburg, Oh			
Completed by R VELDRAH	Title Estimator	Signature R Veldrahan	Date 7-30-2014			

ASB-41

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 07/28/2014		Name of Building Owner/Operator (2) Bonnie Allen	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 589 West Grand Avenue City, State, Zip Code Rahway, NJ 07065 Name of Contact Bonnie Allen Tel. Number	

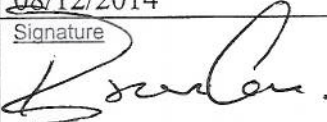
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence Street Address 589 West Grand Avenue City (5) Rahway County (6) Union County Code (7) (State Use Only)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 2500 # of Floors 2 Bldg. Age 124 Current Use (prior if being demolished) Apartment Building
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc. Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ			Name of Contractor (9) Industrial Safety and Environmental Solutions, Inc. Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087
Project Manager for Monitoring Firm David Camacho	Telephone Number 201-325-0055	Telephone Number (201) 325-0055	License Number 01124
Scheduled Start Date (10) 08/11/2014	Scheduled Completion Date (11) 08/12/2014	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other:		Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087	

Source of Work (Check all that apply)

- () Demolition (X) Renovation
() Large Proj. (>160 SF or > 260 LF ACM) (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM)
() Minor Proj. (< 25 SF or < 10 LF ACM)
(X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose
Basement	X	TSI Pipe Insulation	88LF	X

Name of Reg. Waste Hauler Newark Carting City, State 369 Raymond Blvd, Newark NJ 07105	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 15 Disp. Date 08/12/2014	Name of Reg. Landfill Cumberland County Landfill City, State Newburg, PA 17242
Completed by (Print or Type) Brian Camacho	Title Manager	Signature 	Date 07/28/2014

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

Check # 9016

Date of Notification (1) Aug 1, 2014		Name of Building Owner/Operator (2) JLS Greenbrook LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 624 Shore Acres Drive							
		City, State, Zip Code Mamaroneck, NJ 10543							
		Name of Contact Gary Vinch (Contractor) Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Vacant Night Club		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 39 Route 22 East		Square Feet	# of Floors 1						
City (5) Greenbrook, NJ		Bldg. Age 60+-							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Night Club							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-11-14	Scheduled Completion Date (11) 9-30-14	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input 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-Enforceable 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
1st floor level		X		Floor Tiles	400 SF	X			
2nd floor level		X		Mastic (Black)	400 SF	X			
3rd floor level		X		Window Caulk/Glaze	8-10 window	X			
Roof Back Section		X		Tar Flashing + Bottom Roof	1200 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 40	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 9-30-14		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 8-1-14			

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

Check # 9015
RECEIVED

Date of Notification (1) July 31, 2014		Name of Building Owner/Operator (2) Christopher Ruhs						
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 235 North Firelane Road City, State, Zip Code Southampton NJ 08088 Name of Contact Chris Ruhs Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling Street Address 235 North Firelane Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Southampton NJ 08088	Square Feet	# of Floors 2	Bldg. Age					
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) Aug 18, 2014	Scheduled Completion Date (11) Aug 18, 2014	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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	Encapsulate
1st fl Home office		X		10 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste < 1	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 8-12-14	City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 7-31-14			

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

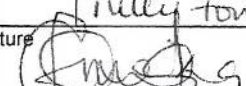
OIA U.S. MAIL
check # 1090

2014 AUG -4 PM 3:01

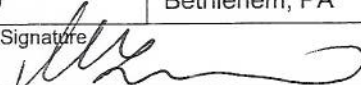
Date of Notification (1) 7/31/14		Name of Building Owner/Operator (2) Michael Mahoney, LLC				
Agency Notified <input checked="" type="checkbox"/> DEPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 2698				
		City, State, Zip Code Westfield, NJ 07091-2698				
		Name of Contact MR Michael Mahoney				
		Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) 867 Willow Grove Rd		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		Square Feet 5,000	# of Floors 2			
City (5) Westfield NJ		Bldg. Age 80				
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT HOUSE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
ASCM No.		Street Address				
Street Address		P.O. Box 814				
City, State, Zip Code		City, State, Zip Code Old Bridge NJ 08857				
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. 00806			
Start Date (10) 8/9/14	Scheduled Completion Date (11) 9/9/14	Name of OSHA Monitor NOVATECH INC.				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814				
		City, State, Zip Code Old Bridge NJ 08857				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
BASEMENT	X	9x9 Floor tile	350 SF			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.		
City, State Old Bridge NJ 08857		Disposal Date	City, State	Date 7/31/14		
Completed by CARLOS A MEIDA		Title PRESIDENT	Signature (Signature)	Date 7/31/14		

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

JUL 23 2014

Date of Notification (1) 07 / 22 / 14		Name of Building Owner/Operator (2) Mario Preta							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input checked="" 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 40 Coyle Street City, State, Zip Code Paterson NY 08859 Name of Contact Mario Preta Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1419 Redwood Dr		Square Feet							
City (5) Discatagway NY 08854		# of Floors							
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Swire Environmental		ASCM No.							
Street Address 358 Broadway		Name of Abatement Contractor (9) Residential Turningpoint Contractors Co.							
City, State, Zip Code Newark NJ		Street Address 51 Berkeley Terr							
Project Manager for Monitoring Firm Chinyelu Otaegbunarn		City, State, Zip Code Irvington NY 07111							
Telephone No. 201-489-9788		Telephone No. 973-372-2177							
Start Date (10) 8 / 4 / 14		License No. 01238							
Scheduled Completion Date (11) 8 / 8 / 14		Name of OSHA Monitor JLC Environmental, 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: 7 AM- 4 PM/ 4 PM- 4 AM		Street Address 30 West 25th Street							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code NYC, NY 10007							
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) 1620	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	1620	<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 Newark Carting Inc		NJDEP Waste Hauler ID No. 4506		Cubic Yards of Waste 2		Name of Registered Landfill Tullytown Refacility			
City, State Newark NJ 07102		Disposal Date		City, State Tullytown PA					
Completed By (Print or Type) Emeka Okeke		Title President		Signature 		Date 7/22/14			

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

Date of Notification (1) 7/30/2014		Name of Building Owner/Operator (2) Woodbridge VF, LLC c/o Vornado Realty Trust							
Agencies Notified	Type Notification	Street Address 210 Route 4							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652-0910							
		Name of Contact Judith D. Knop, P.E.	Telephone Number (2)						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former SYMS Building - Space 9		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 555 King Georges Road		Square Feet 36,000	# of Floors 1						
City (5) Woodbridge Township		Bldg. Age 50							
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCN No. 45	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 64 Broad Street		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. (732) 290-2217	License No. 01036						
Start Date (10) 08/25/2014	Scheduled Completion Date (11) 09/25/2014	Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Ground Level		X	X	Vinyl Floor Tiles	36,000 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 40 Yards	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director	Signature 			Date 07/30/2014			

Jul 29 2014 11:37am

P001/001

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)

Date: 7/29/14 Time: 11:22
Check # 3195

Date of Notification (1) <u>07</u> / <u>28</u> / <u>14</u>		Name of Building Owner/Operator (2) Warren Hills Regional Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 89 Browertown Road City, State, Zip Code Washington, New Jersey 07882	
		Name of Contact Pat Murphy	Telephone Number 408-4 PM 3:23

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warren Hills Middle 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 and commercial buildings, homes, etc.)	
Street Address 64-66 Carlton Avenue		Square Feet 20,000	# of Floors 2
City (5) Washington, New Jersey 07882		Bldg. Age 55+	
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School	

Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 307 North Walnut Street		Street Address 606 McBride Avenue		
City, State, Zip Code West Chester, Pennsylvania 19380		City, State, Zip Code Woodland Park, New Jersey 07424		
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 610-431-7545	Telephone No. 973-225-8400	License No. 01104
Start Date (10) <u>07</u> / <u>29</u> / <u>14</u>	Scheduled Completion Date (11) <u>07</u> / <u>31</u> / <u>14</u>		Name of OSHA Monitor J & S Environmental Labs	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5PMPM - _____ AM		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083	
--	--	--	--

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) 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
Rm 106,108,110,204,205,206,207,208	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic-Non Friable Method	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace under Cafeteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aircell Insulation- Glovebag	28 inches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 08/01/14		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 7/28/14	

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

Date of Notification (1) 7-28-14		Name of Building Owner/Operator (2) Asia Giles	
Agencies Notified	Type Notification	Street Address 10 Mountain Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Maplewood, NJ, 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Asia Giles	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 2014 AUG -4 PM 3:09	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 8-7-14		Sched. Completion Date (11) 8-11-14		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			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

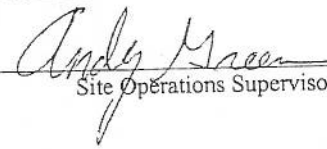
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Duct Insulation	50 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>		Date 7-28-14	

1K 7000650

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 7/28/2014		<u>Name of Building Owner/Operator (2)</u> Sunoco Partners Marketing & Terminals, L.P.	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	
<u>Street Address</u> US Route 130 & I-295		<u>City, State, Zip Code</u> Westville, NJ 08093-1000	
<u>Name of Contact</u> Fawzi Belguet		<u>Tel. Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Sunoco Partners Marketing & Terminals, L.P.		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> US Route 130 & I-295		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Westville	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> N/A (Outside piping) <u>Current Use</u> (prior if being demolished) Tank Farm
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> KA Industrial services, LLC.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> K A Industrial Services LLC.
<u>Street Address</u> 26 Colonial Ave		<u>Street Address</u> 800 Billingsport Rd	
<u>City, State, Zip</u> Woodbury NJ 08096		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>Project Manager for Monitoring Firm</u> Scott Dechant	<u>Telephone Number</u> 856-224-4385	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 8/11/14	<u>Scheduled Completion Date (11)</u> 10/10/14	<u>Name of OSHA Monitor</u> Same	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Exterior abatement/renovations within restricted work area, no other contractors present		<u>Street Address</u>	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment () Mini-Enclosure (X) Glovebag Procedure		<u>City, State, Zip Code</u>	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u> (Estimated)
			<u>Abatement Type</u> Rem. Rep. Encap. Enclose
Various Pipe:In Racks	X	Pipe Insulation - TSI	~2,500 LF X
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 40 (estimated)
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>City, State</u> South Harrison, NJ
<u>Completed by (Print or Type)</u> ANDREW GREEN	<u>Title</u> MANAGER - KAIS	<u>Signature</u>  Site Operations Supervisor	<u>Date</u> 7/28/2014


Mail to: NJDEP-DSHW-BRTRP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:WORD\MYDOCS\ASBESTOS
9/18/00

MO 59138977513

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

Date of Notification (1) 07 / 28 / 2014		Name of Building Owner/Operator (2) Carlos Magner		2014 AUG -4 PM 3:14					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 462 Central Ave		City, State, Zip Code Jersey City NJ 07307					
		Name of Contact Carlos Magner		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Carlos Magner			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 462 Central Ave			Square Feet						
City (5) Jersey City			# of Floors						
County (6) Hudson			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pro Abatement					
Street Address				Street Address 1009 87th St Suite A4					
City, State, Zip Code				City, State, Zip Code North Bergen, NJ 07047					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-293-6305					
Start Date (10) 7 / 30 / 2014		Scheduled Completion Date (11) 08 / 07 / 2014		License No. 01223					
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				Name of OSHA Monitor HILMAMM CONSULTING LLC					
				Street Address 1600 Route East Suite 107					
				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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insulation board	305g4	<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 SANTON SERVICES		NJDEP Waste Hauler ID No. 22430		Cubic Yards of Waste		Name of Registered Landfill MEDOWLANDS COMISION			
City, State Kenilworth, NJ		Disposal Date		City, State Kearny, NJ					
Completed By (Print or Type) Bryan Parra		Title Project Manager		Signature 		Date 7/28/2014			

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

MO#21901443682

Date of Notification (1) 07 / 30 / 14		Name of Building Owner/Operator (2) Charles Rodzejewski		2014 AUG -4 PM 3:15					
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 17 Park Avenue City, State, Zip Code Maplewood, NJ 07040 Name of Contact Charles Holmes					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 17 Park Avenue City (5) Maplewood, NJ 07040 County (6) Essex				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 # of Floors Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No. 973-638-1777 01127					
Start Date (10) 08 / 09 / 14		Scheduled Completion Date (11) 08 / 10 / 14		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. # 34A 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"/> > 160 sf or >260 lf <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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	10 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"/>	Boiler insulation	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 07/30/2014			

CK 14527

Print Form

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

2014 AUG -4 PM 3:17

Date of Notification (1) 7/28/2014		Name of Building Owner/Operator (2) Pequannock Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 85 Sunset Road		City, State, Zip Code Pompton Plains, NJ 07444							
Name of Contact Mr. Joseph Vasti		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pequannock Township HS		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 85 Sunset Drive		Square Feet n/a							
City (5) Pompton Plains		# of Floors n/a							
County (6) Morris		Bldg. Age n/a							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.							
Street Address		Name of Abatement Contractor (9) MTM Metro Corporation							
City, State, Zip Code		Street Address 135-137 McBride Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07501							
Telephone No.		Telephone No. 973-742-5030							
Start Date (10) 8/09/2014		License No. 00809							
Scheduled Completion Date (11) 8/11/2014		Name of OSHA Monitor MTM Metro Corporation							
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 135-137 McBride Avenue							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Paterson, NJ 07501							
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
Storage Room C-100-B	x			Pipe Insulation	8LF	x		x	
Name of Registered Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID No. 26552		Cubic Yards of Waste 2		Name of Registered Landfill GROWS			
City, State Paterson, NJ 07501		Disposal Date 8/12/2014		City, State Tullytown, PA					
Completed by Elizabeth Maslarkov		Title Business Administrator		Signature Elizabeth Maslarkov		Date 7/28/2014			

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

Check # 7553

Date of Notification (1) 7/30/14		Name of Building Owner/Operator (2) c/o DR Environmental	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 152 Elder Ave.	
		City, State, Zip Code Bergenfield, NJ 07621	
		Name of Contact Robert Cotter	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 152 Elder Ave.			Square Feet 1500		
City (5) Bergenfield			County (6) Bergen		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner N/A			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address			Street Address 3 Lynn Court		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 8/9/14		Sched. Completion Date (11) 8/18/14		Name of OSHA Monitor J & S Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacated			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

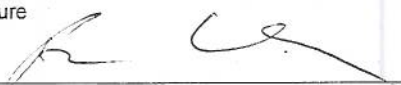
Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
basement		x		VAT	350 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 2	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/22/14		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 7/30/14