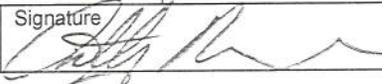


NO CK

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

2015 AUG -7 4H 8:11

Date of Notification (1) 8/4/2015		Name of Building Owner/Operator (2) MARION COONEY								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 102 WEST 42ND STREET								
		City, State, Zip Code BAYONNE, NJ 07002								
		Name of Contact MARION COONEY	Telephone Number 201-4 -							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 2 FAMILY HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 102 WEST 42ND STREET		Square Feet 2500	# of Floors 3							
City (5) BAYONNE		Bldg. Age 1925								
County (6) HUDSON COUNTY	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) GOLD COAST ABATEMENT & DEMOLITION, INC							
Street Address		Street Address 25 CAMBRIDGE WAY								
City, State, Zip Code		City, State, Zip Code WEEHAWKEN, NJ 07086								
Project Manager for Monitoring Firm		Telephone No. 866-625-9799	License No. 01254							
Start Date (10) 8-22-2015	Scheduled Completion Date (11) 8-23-2015	Name of OSHA Monitor ERICK BENAVIDES								
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: RESIDENCE		Street Address 307 27TH STREET								
		City, State, Zip Code UNION CITY, NJ 07087								
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 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	
BASEMENT		X		ACM PIPE INSULATION	125	X				
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 10	Name of Registered Landfill GRAND CENTRAL SANITARY LANDF						
City, State 1141 ROUTE 23, WAYNE NJ 07470			Disposal Date 8-23-2015	City, State 1963 PEN ARGL, PA 18072						
Completed by ANTHONY RANDESI		Title PRESIDENT	Signature 				Date 8-4-2015			

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

Check # 10055

Date of Notification (1) <u>8</u> / <u>5</u> / <u>15</u>		Name of Building Owner/Operator (2) Manchester Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 121 Route 539							
		City, State, Zip Code Manchester Township, NJ 08759							
		Name of Contact Robert Sibia	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridgeway ES		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 2759 Ridgeway Rd		Square Feet 7000	# of Floors 1						
City (5) Manchester Township, NJ 08759		Bldg. Age 50+							
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 1253 North Church Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 609-304-3969	Telephone No. 215 542 7000	License No. 00847						
Start Date (10) <u>8</u> / <u>13</u> / <u>15</u>	Scheduled Completion Date (11) <u>8</u> / <u>15</u> / <u>15</u>	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / ____PM-____AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input 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 checked="" 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) <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
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Collar	3SF	<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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date 8/18/15	City, State Birdsboro, PA 19508						
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 8/5/15						

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

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

CH# 3736

Date of Notification (1) 8/03/2015		Name of Building Owner/Operator (2) EAST BRUNSWICK PUBLIC SCHOOLS						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 760 Route 18 - Suite 109 City, State, Zip Code East Brunswick, NJ, 08816 Name of Contact Tom Pruno				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) IRWIN ELEMENTARY SCHOOL				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 71, Racetrack Road				Square Feet		Bldg. Age		
City (5) East Brunswick, NJ, 08816				# of Floors				
County (6) Middlesex				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.			ASCM No.		Name of Abatement Contractor (9) LILICH CORPORATION			
Street Address 5434 King Avenue, Suite 101				Street Address 606 McBride Avenue,				
City, State, Zip Code Pennsauken, NJ, 08109				City, State, Zip Code WOODLAND PARK, NJ, 07424				
Project Manager for Monitoring Firm Tom Pruno			Telephone No. 856-616-9516		Telephone No. 973-225-8400			
Start Date (10) 8/04/2015			Scheduled Completion Date (11) 8/05/2015		License No. 01104			
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: start 3 p.m.				Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES				
				Street Address 2333 Route 22 West				
				City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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
hallways			x	Pipe fitting insulation(wrape /cu ft) 7 lf	x			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste		Name of Registered Landfill GROWS Landfill	
City, State Woodland Park, NJ			Disposal Date		City, State Morrisville, PA			
Completed by Momo Glavatovic			Title Vice president		Signature 		Date 8/03/2015	

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

Date of Notification (1) 8-3-15		Name of Building Owner/Operator (2) David Grossman	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	Street Address 410 Prospect Street	
		City, State, Zip Code Nutley, NJ, 07110	
		Name of Contact David Grossman	Telephone Number

2015 AUG -7 4M 8:02

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371		

Scheduled Start Date (10) 8-15-15 Month Day Year	Sched. Completion Date (11) 8-17-15 Month Day Year	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»		Street Address			
Scope of Work (Check all that apply)		City, State, Zip Code			

- | | | |
|------------------------|----------------|---|
| [X] ≥3 sf or ≥3 lf | [X] Renovation | [] Full Containment with Negative Pressure |
| [] ≥160 sf or ≥260 lf | [] Demolition | [] Mini-Enclosure |
| | | [X] Glovebag Procedure |
| | | [] Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement/Crawlspace			X	Pipe Insulation	50 lf	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 8-18-15	City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 8-3-15
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7-31-15		Name of Building Owner/Operator (2) Gerald DeNicola	
Agencies Notified	Type Notification	Street Address 34 Oakwood Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Gerald DeNicola	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<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)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 3200	# of Floors 3	Bldg. Age 95
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A		Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-8-15	Sched. Completion Date (11) 8-12-15	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one)		Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

Scope of Work (Check all that apply)

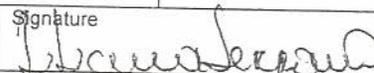
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C L O S U R E	E N C L O S U R E	E N C L O S U R E
Basement			X	Pipe Insulation	210 lf	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 Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 8-13-15	City, State Waynesburg, OH 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>		Date 7-31-15	

OK 1559

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

Date of Notification (1) 7-31-2015		Name of Building Owner/Operator (2) Andrew Erkkila							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 226 Harrison Avenue						
			City, State, Zip Code Jersey City, NJ 07304						
			Name of Contact Andrew Erkkila		Telephone Number _____				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			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 226 Harrison Avenue			Square Feet 3297	# of Floors 3	Bldg. Age 70+				
City (5) Jersey City, NJ 07304			Current Use (Prior if being demolished)						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 7-31-2015		Scheduled Completion Date (11) 7-31-2015		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	250 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ		Disposal Date 7-31-2015	City, State Morrisville, PA						
Completed by Liliانا Serrano		Title Office Manager	Signature 		Date 7-31-2015				

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

Date of Notification (1) 8-3-15		Name of Building Owner/Operator (2) Tony Greene	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	Street Address 44 Kingman Road	
		City, State, Zip Code South Orange, NJ, 07079	
		Name of Contact Tony Greene	Telephone Number 100 2

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 2800	# of Floors 3	Bldg. Age 125
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371	
Scheduled Start Date (10) 8-12-15 Month Day Year	Sched. Completion Date (11) 8-13-15 Month Day Year		Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <OffHours Descript> [] Other - Describe: <Other Occupancy Descript>			Street Address		
Scope of Work (Check all that apply) [X] >3 sf or >3 lf [] >160 sf or >260 lf [X] Renovation [] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [X] Glovebag Procedure [] Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	120 lf	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 Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 8-14-15	City, State Waynesburg, OH 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>		Date 8-3-15	

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

Date of Notification (1) 7-31-15		Name of Building Owner/Operator (2) Kevin Gelles	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification	Street Address 905 Clark Street	
	[] Amended Notification	City, State, Zip Code Linden, NJ, 07036	
	[] EMERGENCY [] Cancellation	Name of Contact Kevin Gelles	Telephone Number (909) 307-XXXX

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371		

Scheduled Start Date (10) 8-14-15 Month Day Year	Sched. Completion Date (11) 8-17-15 Month Day Year	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»		Street Address			
Scope of Work (Check all that apply)		City, State, Zip Code			

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	220 lf	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 Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 8-18-15	City, State Waynesburg, OH 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>	Date 7-31-15		

OK 660

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

Date of Notification (1) 8/3/2015		Name of Building Owner/Operator (2) CUSTOM REALTY INVESTMENT LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 119 AERIAL DRIVE							
		City, State, Zip Code DEPTFORD, NJ 08096							
		Name of Contact ANDREW RICCO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT 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 421 WEST BROAD STREET		Square Feet	# of Floors						
City (5) PAULSBORO		Bldg. Age							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) RICCO CONSTRUCTION CORP						
Street Address		Street Address 282 CREEK ROAD							
City, State, Zip Code		City, State, Zip Code BELLMAWR, NJ 08031							
Project Manager for Monitoring Firm		Telephone No. 856.466.6452	License No. 01204						
Start Date (10) 8/13/2015	Scheduled Completion Date (11) 9/13/2015	Name of OSHA Monitor ANDREW RICCO							
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 282 CREEK ROAD							
		City, State, Zip Code BELLMAWR, NJ 08031							
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	TRANSITE SIDING	2500 SF	X			
Name of Registered Waste Hauler RICCO CONSTRUCTION CORP		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 13	Name of Registered Landfill SALEM COUNTY					
City, State BELLMAWR, NJ		Disposal Date TBD		City, State ALLOWAY, NJ					
Completed by ANDREW RICCO		Title OWNER		Signature <i>Andrew Ricco</i>			Date 8/3/2015		

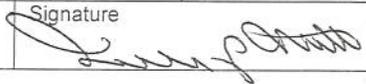
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1395

Date of Notification (1) August 04, 2015		Name of Building Owner/Operator (2) Bridgewater Site							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 FINDERNE AVENUE							
		City, State, Zip Code BRIDGEWATER, NJ 08807							
		Name of Contact Project Manager	Telephone Number 155						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		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 10 FINDERNE AVENUE		Square Feet	# of Floors						
City (5) BRIDGEWATER, NJ 08807		Bldg. Age							
County (6) SOMERSET	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 209							
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code CHERRY HILL, NJ 08034							
Project Manager for Monitoring Firm ERIC HOUSEKNECHT		Telephone No. (908) 218-1108	License No. 00781						
Start Date (10) 5/15/15	Scheduled Completion Date (11) 5/15/16	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 KINGS HWY N, STE 209							
		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure							
		<input checked="" type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 1 Rm # 1209-1211		<input checked="" type="checkbox"/>		transite table tops	128 s/f	<input checked="" type="checkbox"/>			
Building 3 Area 1		<input checked="" type="checkbox"/>		transite wall	cut (1) 10"x10" & (1) 20"x10" opening	<input checked="" type="checkbox"/>			
Building 2 Lab 2293-2295		<input checked="" type="checkbox"/>		transite table tops	88 s/f	<input checked="" type="checkbox"/>			
..-		<input checked="" type="checkbox"/>		9x9 VAT, no mastic	232 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Freehold / Rovic Disposal		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Landfill					
City, State Newark / Freehold / Riverdale, NJ		Disposal Date 5/15/16		City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 	Date 8/4/15					

PK 13933

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

Date of Notification (1) AUGUST 5, 2015		Name of Building Owner/Operator (2) FIRST BAPTIST CHURCH		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # V <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5 HILTON AVENUE		2015 AUG -7 AM 8:11				
			City, State, Zip Code VAUXHALL, NJ 07088		ASBESTOS ABATEMENT RULE				
			Name of Contact RON MCDOWELL		908-732-2222				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ABANDONED RESIDENCE			Type of Facility (4)						
Street Address 7 LAUREL AVENUE			<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) VAUXHALL, NJ		Square Feet 1,440 SF	# of Floors 2	Bldg. Age 95 YRS					
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) FORMER RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc						
Street Address		Street Address 580 Broadway							
City, State, Zip Code		City, State, Zip Code Long Branch, NJ 07740							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-222-8372	License No.					
Start Date (10) AUG. 18, 2015		Scheduled Completion Date (11) AUGUST 22, 2015		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR			X	SIDING	5000 SF	X			
FIRST FLOOR			X	VAT	400 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN LANDFILL					
City, State LONG BRANCH, NJ		Disposal Date 8/23/15		City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 		Date 8/5/15				

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

OK #2721

RECEIVED
 2015 AUG -7 AM 8:11
 # LICENSING

Date of Notification (1) 8/5/15		Name of Building Owner/Operator (2) Mary Eichorn	
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 105 Seaside Place	
		City, State, Zip Code Sea Girt, NJ	
		Name of Contact Anthony	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eichorn 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 105 Seaside Place		Square Feet 1700	# of Floors 2	Bldg. Age 55+
City (5) Sea Girt	County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	
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.	Telephone No. 732-294-1757	License No. 00029
Start Date (10) 8/14/15	Scheduled Completion Date (11) 8/20/15	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: 7am-7pm		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			X	floor tile w/mastic	1400sf	X			
			X			X			
			X			X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill GROWS	
City, State Colts Neck, New Jersey		Disposal Date 8/20/15		City, State Tullytown, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature <i>Bree McGuire</i>	Date 8/5/15	

CK 4643

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

RECEIVED

Date of Notification (1) 07/31/2015		Name of Building Owner/Operator (2) Mount Holly Township BOE									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 331 Levis Drive City, State, Zip Code Mt. Holly, NJ 08060 Name of Contact Jack Soltesz							
2015 AUG -7 AM 8:10 ASBESTOS CONTROL & LICENSING											
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Gertrude Folwell Elem. 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 455 Jacksonville Road			Square Feet								
City (5) Mount Holly			# of Floors		Bldg. Age						
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) MECS, INC		ASCM No.		Name of Abatement Contractor (9) VMC Company, Inc							
Street Address PO BOX 341			Street Address 208 Piaget Avenue								
City, State, Zip Code CHESTERFIELD, NJ 08515			City, State, Zip Code Clifton, NJ 07011								
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-298-4070		Telephone No. 973-253-8828							
License No. 00704		Name of OSHA Monitor VMC Company, Inc.									
Start Date (10) 08/04/2015		Scheduled Completion Date (11) 08/04/2015		Name of OSHA Monitor VMC Company, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3 PM - 11 PM			Street Address								
			City, State, Zip Code								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
ROOF				X TRANSITE PANELS	80 SF	X					
Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste		Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ				Disposal Date		City, State Birdsboro, PA					
Completed by Voytek Roszkowski		Title President		Signature V. Postorak			Date 07/31/2015				

OK 3800

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:139)

Date of Notification (1) 8-3-15

Name of Building Owner/Operator (2) Pineland Construction LLC

Street Address 300 77th St

City, State, Zip Code Sea Isle City

Name of Contact Frank

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Name of Facility Where Abatement is Taking Place (3) Resident

Street Address 7113 Pleasure Ave

City (5) Sea Isle City

County (6) Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter S (Other than K-12)
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 3000 # of Floors 1 Bldg. Age 70

Current Use (prior if being demolished) Resident

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) ANI JUE LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Delanco NJ 08075

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 109-346-0916 License No. 10 01670

Start Date (10) 8-13-15 Scheduled Completion Date (11) 8-18-15

Name of OSHA Monitor self

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)
 $23\text{ sf or }23\text{ lf}$
 $2160\text{ sf or }2280\text{ lf}$
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Hot Enclosure
 Glovebag Procedure
 Non-Encapsulated (*) and Non-Freeze 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>outside</u>				<u>ACM siding</u>	<u>1700SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ANI JUE LLC

City, State Delanco NJ

NJ DEP Waste Hauler ID No. 35655

Cubic Yards of Waste

Name of Registered Landfill WM of PA

City, State Tullytown PA

Disposal Date

Completed By Joe Hill Title VP Signature JH Date 8-3-15

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

PK 3800

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

Date of Notification (1) 8-3-15

Name of Building Owner/Operator (2) Amstead Construction LLC

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

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

Street Address: 300 77th St

City, State, Zip Code: Sea Isle City NJ

Name of Contact: Frank

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident

Street Address: 135 66th St

City (5): Sea Isle City NJ

County (6): Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4): School (K-12), Single-story (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 2000 SF # of Floors: 1 Bldg. Age: 65

Current Use (Prior to being demolished): Self Resident

Name of Monitoring Firm Hired by Building Owner (8) _____ ASOM No. _____

Name of Abatement Contractor (9) Ami Joe LLC

Street Address: _____

Street Address: 1212 Burlington Ave

City, State, Zip Code: _____

City, State, Zip Code: Delanco NJ 08075

Project Manager for Monitoring Firm _____ Telephone No. _____

Telephone No. 609-346-0916 License No. 01070

Start Date (10) 8-13-15 Scheduled Completion Date (11) 8-20-15

Name of OSHA Monitor Self

Company Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check all that apply):

1/2 sf or 2/3 sf, 1/100 sf or 2/200 sf, Renovation, Demolition

Full Containment with Negative Pressure, Hot Enclosure, Glovebag Procedure, Non-Enclosed (*) and Non-Fish's 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>Outside</u>				<u>ACM Siding</u>	<u>1700 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: Ami Joe LLC Waste Hauler ID No: 35635

Cubic Yards of Waste: 3cy Name of Registered Landfill: WMA of Pa

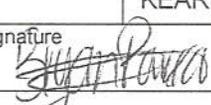
City, State: Delanco NJ Disposal Date: TBD City, State: Tullytown Pa

Completed By: Joe Hill Title: VP Signature: [Signature] Date: 8-3-15

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

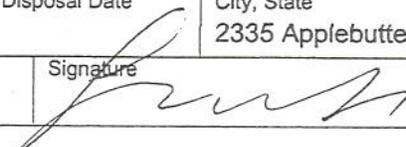
MO 695045 77950

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

Date of Notification (1) 07/30/15		Name of Building Owner/Operator (2) Sandra Bassillo		2015 AUG -7 AM 8:07						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 90 Forest Road City, State, Zip Code Dumont, NJ 07628 Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Sandra Bassillo			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 90 Forest Road			Square Feet	# of Floors	Bldg. Age					
City (5) Dumont		County (6) Bergen County		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) Pro Abatement						
Street Address			Street Address 1009 87th Street 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 License No. 01223						
Start Date (10) 08/11/15		Scheduled Completion Date (11) 08/21/15		Name of OSHA Monitor HILMAMM CONSULTING LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1600 ROUTE EAST SUITE 107 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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement				VAT	450 SF	x				
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430		Cubic Yards of Waste		Name of Registered Landfill MEDOWLANCHES COMMISSION				
City, State KENILWORTH, NJ				Disposal Date		City, State KEARNY, NJ				
Completed by Bryan Parra			Title Project Manager		Signature 		Date 07/30/15			

OK 296

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

Date of Notification (1) 8/3/2015		Name of Building Owner/Operator (2) Steven and Wanda Wasserstram							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Willow Lane						
			City, State, Zip Code Tenafly NJ 07670						
			Name of Contact Steven Wasserstram		Telephone Number 6				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property			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 25 Willow Lane			Square Feet 1600	# of Floors 1	Bldg. Age +50				
City (5) Tenafly NJ 07670		County (6) Bergen County		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877	License No. 01240					
Start Date (10) 8/12/2015	Scheduled Completion Date (11) 8/15/2015		Name of OSHA Monitor J&S Environmental Corp						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility Room			X	floor tile	200SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 		Date 8/3/2015				

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

ELC# 293
 2015 AUG -7 AM 8:06

Date of Notification (1) 3/27/2015		Name of Building Owner/Operator (2) DVL Kearny Holding LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 east 55th Street 7th floor City, State, Zip Code New York NY10222 Name of Contact Charlie Carames						
	Name of Facility Where Abatement is Taking Place (3) Torch Park		Telephone Number 2015 AUG -7 AM 8:06 A... R... LICENSING						
	Name of Facility Where Abatement is Taking Place (3) Torch Park		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 160-194 Passaic Ave		City (5) Kearny NJ	Square Feet 30000						
City (5) Kearny NJ		# of Floors 6	Bldg. Age +50						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Dinago Environmental LLC						
Street Address 140 Boulevard		Street Address 339 Lafayette Street							
City, State, Zip Code Mountain Lake NJ 07046		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-491-0877						
License No. 01240		Name of OSHA Monitor J&S Environmental							
Start Date (10) 3/30/2015		Scheduled Completion Date (11) 8/30/2015							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Union NJ 07083							
<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
6 floor		x		4 double doors	120 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste	Name of Registered Landfill western Berks Community Landfill				
City, State Freehold NJ		Disposal Date		City, State Birdsboro PA					
Completed by Carlos Gomes		Title President		Signature		Date 5/5/2015P			

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

ck # 295
ck # 295

Date of Notification (1) 6/18/2015		Name of Building Owner/Operator (2) Metro Park Associates							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 820 Morris Turnpike							
		City, State, Zip Code Short Hills NJ 07078							
		Name of Contact Danny Mataresse	Telephone Number 702.500.0000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 33 Wood Ave South		Square Feet 15900	# of Floors 16						
City (5) Iselin NJ		Bldg. Age +50							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address 140 Boulevard		Street Address 339 Lafayette Street							
City, State, Zip Code Mountain Lakes NJ 07046		City, State, Zip Code Newark NJ							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-491-0877						
		License No. 01240							
Start Date (10) 6-29-2015	Scheduled Completion Date (11) 8-29-2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: from 6 to _____		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4th floor kitchen		x		floor tile and mastic	600 SF	x			
4th floor elevator hallway		x		floor tile and mastic	220 SF		y		
6th floor kitchen		x		floor tile and mastic	700 SF		x		
6th floor elevator hallway		x		floor tile and mastic	220 SF		x		
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem					
Completed by Carlos Gomes		Title President	Signature 		Date 6/18/2015				

PK 3660

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

RES. 1000
 2015 AUG - 7 AM 8:12

Date of Notification (1) 08/04/15		Name of Building Owner/Operator (2) ARLENE FARMER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	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 947 KENNETH AVE
	City, State, Zip Code ELIZABETH NJ		Name of Contact ARLENE
			Telephone Number ---

Name of Facility Where Abatement is Taking Place (3) 947 KENNETH AVE ELIZABETH			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) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME	Square Feet 2000	# of Floors 2	Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address 6 WHITE DOVE COURT		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code ELIZABETH NJ		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) 08/14/15	Scheduled Completion Date (11) 08/17/15	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 checked="" 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 checked="" type="checkbox"/> < 23 sf or < 23 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> > 180 sf or > 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

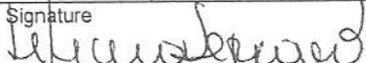
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				TSI	90	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI
City, State NEWARK NJ	Disposal Date 08/17/15	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date 9/9/14

CK1558

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

2015 AUG -7 AM 8:15

Date of Notification (1) 7-28-2015		Name of Building Owner/Operator (2) Lech Pietranek								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address City, State, Zip Code Perth Amboy, NJ 08862 Name of Contact Lester Pietranek							
			Telephone Number							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 454 Spring Street		Square Feet 5000	# of Floors 1							
City (5) Elizabeth, NJ 07201		Bldg. Age 68+								
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC							
Street Address		Street Address 235 Virginia Avenue								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855							
License No. 01174										
Start Date (10) 7-28-2015	Scheduled Completion Date (11) 7-29-2015	Name of OSHA Monitor Same as above								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	
Roof		x		Roof	5000 SF	x				
Roof		x		Flashing	600 SF	x				
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. North landfill						
City, State Jersey City, NJ		Disposal Date 7-30-2015		City, State Morrisville, PA						
Completed by Lilliana Serrano		Title Office manager	Signature 				Date 7-28-2015			

MO 230 78109802

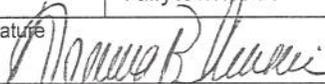
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

2015 AUG 7 AM 9:16
FACILITY CONTROL & LICENSING

Date of Notification (1) 8/3/15		Name of Building Owner/Operator (2) Emily Pontius							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Concord Avenue			City, State, Zip Code Maplewood, NJ 07040			
	Name of Contact Emily Pontius			Telephone Number					
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 25 Concord Avenue				Square Feet N/A	# of Floors N/A	Bldg. Age N/A			
City (5) Maplewood		County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address				Street Address 11 Rosengren Avenue					
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 9733458685	License No. #00675				
Start Date (10) 8/21/15		Scheduled Completion Date (11) 8/22/15		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input 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
basement		X		pipe insulation	45 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.			NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ			Disposal Date TBD		City, State Tullytown, PA				
Completed by Deanna Brkusanin			Title Project Manager		Signature 		Date 8/03/15		

MO 105600053383

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

Date of Notification (1) 7/31/15		Name of Building Owner/Operator (2) Estate of Evelyn Silverman								
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 17 Funston Place								
		City, State, Zip Code Nutley, NJ 07110								
		Name of Contact Dave Silverman								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 17 Funston Place		Square Feet N/A	# of Floors N/A							
City (5) Nutley		Bldg. Age N/A								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675							
Start Date (10) 8/19/15	Scheduled Completion Date (11) 8/20/15	Name of OSHA Monitor D&S Abatement, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue								
		City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	
basement		X		pipe insulation	40 LF	X				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA						
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA						
Completed by Deanna Brkusanin		Title Project Manager	Signature 				Date 7/31/15			

07/24/2015 13:40 FAX 19733459338

DS ABATEMENT

001

State Form

CK 0158382

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

DOL - JO DRY
 JUL 24 2015
 WAIVER APPROVED

Date of Notification (1) 07/24/2015		Name of Building Owner/Operator (2) Totowa Public Schools	
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 294 Totowa Road	
		City, State, Zip Code Totowa, NJ 07512	
		Name of Contact Patricia Capitelli	Telephone Number 43

Name of Facility Where Abatement is Taking Place (3) Memorial School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 294 Totowa Road			Square Feet n/a	# of Floors n/a	Bldg. Age n/a
City (5) Totowa			Current Use (Prior if being demolished) school		
County (6) Passaic		County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.		
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue			
City, State, Zip Code Bordentown NJ 08605		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-0886	Telephone No. 973-345-8885	License No. 00675	

Start Date (10) 07/24/2015	Scheduled Completion Date (11) 07/25/2015	Name of OSHA Monitor D&S Abatement, Inc.			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 11 Rosengren Avenue		
			City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

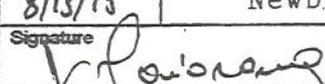
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥150 sf or ≥250 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
home ec classrm conversion		X		clean-up misc debris & VAT	1000 SF room			X	

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa NJ 07512		Disposal Date TBD		City, State Tullytown, PA	
Completed by Susan Brkusonin		Title Project Manager	Signature 		Date 07/24/2015

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

CK 5736

Date of Notification (1) 8/4/15		Name of Building Owner/Operator (2) MS. BARBARA HOLLINGSWORTH						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 79 - 71st ST						
		City, State, Zip Code GUTTENBERG, NJ 07093						
		Name of Contact MS. HOLLINGSWORTH	Telephone Number 07					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. B. HOLLINGSWORTH		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 79 - 71st ST		Square Feet 2000	# of Floors 2					
City (5) GUTTENBERG		Bldg. Age 80 YEARS						
County (6) HUDSON	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. 201-329-7444	License No. 00388					
Start Date (10) 8/4/15	Scheduled Completion Date (11) 8/15/15	Name of OSHA Monitor Omega 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 <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code S. Hackensack, N.J. 07606						
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Abatement Type				
	Yes	No	N/A	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT				85 LF	<input checked="" type="checkbox"/>			
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)								
THERMAL INSULATION								
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 cy	Name of Registered Landfill Cumberland County Landfill				
City, State Hackensack, N.J. 07601		Disposal Date 8/15/15		City, State Newburgh, PA. 17240				
Completed by J. Maiorano	Title Estimator	Signature 		Date 8/4/15				

PK 1560

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

RECEIVED

2015 AUG -7 AM 8:19

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 8-1-2015		Name of Building Owner/Operator (2) Alexandra Nayeri								
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 70 Reservoir Avenue								
		City, State, Zip Code Jersey City, NJ 07307								
		Name of Contact Alexandra Nayeri	Telephone Number ____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)								
Street Address 70 Reservoir Avenue		<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) Jersey City, NJ 07307		Square Feet 1000	# of Floors 2 Bldg. Age 114+							
County (6) Hudson	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) Green Environmental Services, LLC							
Street Address		Street Address 235 Virginia Avenue								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855 License No. 01174							
Start Date (10) 8-11-2015	Scheduled Completion Date (11) 8-11-2015	Name of OSHA Monitor Same as above								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Attic - crawl space		X		Vermiculite	300 SF	X				
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. North landfill						
City, State Jersey City, NJ		Disposal Date 8-12-2015		City, State Morrisville, PA						
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>				Date 8-1-2015		

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

Check#2261

Date of Notification (1) 08 / 04 / 15		Name of Building Owner/Operator (2) Joe Dipiazza	
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 1 Glendale Road	
		City, State, Zip Code Park Ridge, NJ 07656	
		Name of Contact Joe Dipiazza	Telephone Number 201-...

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Glendale Road		Square Feet	# of Floors
City (5) Park Ridge, NJ 07656		Bldg. Age	

County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
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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 / 13 / 15	Scheduled Completion Date (11) 08 / 14 / 15	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. # 35 E
	City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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"/>	Duct insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	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 08/04/2015
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OK 4246

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

Date of Notification (1) 8/6/15		Name of Building Owner/Operator (2) Brixmor Old Bridge, LLC c/o Brixmor Properties	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Fayette Street, Suite 150	
		City, State, Zip Code Conshohocken, PA 19428	
		Name of Contact Jerry McMullen	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Old Bridge Gateway SC		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 1050 and 1052 Route 9 South		Square Feet 11,916	# of Floors 1
City (5) Oldbridge		Bldg. Age 56	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 28 N. Pennell Road		Street Address 407 West Lincoln Highway, Suite 500		
City, State, Zip Code Media, PA 19063		City, State, Zip Code Exton, PA 19341		
Project Manager for Monitoring Firm BJ Brunner		Telephone No. 610-891-0114	Telephone No. 484-872-8884	License No. 01161

Start Date (10) 8/20/15	Scheduled Completion Date (11) 8/28/15	Name of OSHA Monitor EMSL		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: All work in unoccupied basement		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe Insulation	300 LF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 8/6/15

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

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

B & G proj. #: 2015-142

Check # 7343

2015 AUG -7 11:41

Date of Notification (1) <u>08/10/14</u> / <u>11/15</u>		Name of Building Owner/Operator (2) Edward Smilek	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 330 Michigan Avenue	
		City, State, Zip Code Paterson, NJ 07503	
		Name of Contact Edward Smilek	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Edward Smilek			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 330 Michigan Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Paterson, NJ 07503	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378		
Scheduled Start Date (10) 08/15/2015	Sched. Completion Date (11) 08/16/2015		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ	Disposal Date 08/17/2015	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/04/2015

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

B & G proj. #: 2015-136

Check # 7339

2015 AUG -7 10:40
#1007-11-02

Date of Notification (1) <u>08/10/15</u>		Name of Building Owner/Operator (2) St. Paul's Episcopal Church	
Agencies Notified	Type Notification	Street Address 4 Woodland Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montvale, NJ 07645	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Bruce Hackett	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) St. Paul's Episcopal Church		Type of Facility (4)	
Street Address 4 Woodland Road		<input type="checkbox"/> School (K - 12)	
City (5) Montvale, NJ 07645		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Bergen	County Code (7) (State use only)	<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Square Feet		# of Floors	Bldg. Age
Current Use (Prior if being demolished) classroom (non sub 8)			

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-696-6869	License Number 0378
Scheduled Start Date (10) 08/14/2015	Sched. Completion Date (11) 08/15/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Lincoln Park, NJ 07035	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input type="checkbox"/> Other-Describe: _____				

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 1			X	VAT (no mastic)	9 sf	☑			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 08/17/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/04/2015

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

B & G proj. #: 2015-135

Check # 7341

Date of Notification (1) <u>08/10/14</u>		Name of Building Owner/Operator (2) Michelle Wispelwey	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 28 Shadyside Drive	
		City, State, Zip Code Wyckoff, NJ 07481	
		Name of Contact Michelle Wispelwey	Telephone Number 908 2708

2015 AUG -7 AM 10: 20

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michelle Wispelwey			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 28 Shadyside Drive			Square Feet	# of Floors	Bldg. Age
City (5) Wyckoff, NJ 07481	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869		License Number 00378	
Scheduled Start Date (10) 08/20/2015	Sched. Completion Date (11) 08/21/2015	Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	VAT & mastic	350 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/22/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/04/2015

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

B & G proj. #: 2015-114

Check # 7340

Date of Notification (1) <u>08/10/15</u>		Name of Building Owner/Operator (2) Jacquelyn Bowe	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 93 Harrison Avenue	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Jacquelyn Bowe	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jacquelyn Bowe			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 93 Harrison Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number		Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 08/19/2015	Sched. Completion Date (11) 08/20/2015		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- Demolition Renovation Full Containment w/negative pressure Glovebag procedure
 >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			x	pipe insulation	27 lf	x			
main room (above drop ceiling)			x	pipe insulation	26 lf	x			
basement (unfinished side)			x	pipe insulation	45 lf	x			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1½	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/20/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/04/2015

NO CK

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

Date of Notification (1) <u>7</u> / <u>29</u> / <u>15</u>		Name of Building Owner/Operator (2) Township of Union Public Schools / Job #1505-4914 Check #7304							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 165 Perryville Rd.						
			City, State, Zip Code Union, NJ 07083						
			Name of Contact Administration		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union Township MS			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 165 Perryville Rd.			Square Feet	# of Floors	Bldg. Age				
City (5) Hampton		County (6) Union		County Code (7)(STATE USE ONLY) Union					
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No. 00099	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 619 River Drive Center		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>7</u> / <u>16</u> / <u>15</u>	Scheduled Completion Date (11) <u>8</u> / <u>3</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See attached	See attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/3/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>G Trumbetti</i>		Date 7/29/15					

NO CK

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

Date of Notification (1) <u>8</u> / <u>4</u> / <u>15</u>		Name of Building Owner/Operator (2) PSE&G / Job #1501-4860 Check # COURTESY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2015 NOV 17 11:10 AM ID: 13 </div>				
			City, State, Zip Code South Plainfield, NJ 07080						
			Name of Contact Andrew Yassa	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Control House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 56 Nelson Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Paramus			Current Use (Prior if being demolished) Control House						
County (6) Bergen		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>6</u> / <u>18</u> / <u>15</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Duct Conduit	210 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107	Cubic Yards of Waste 20	Name of Registered Landfill Conestoga Landfill					
City, State Flanders, NJ		Disposal Date 8/31/15	City, State Morgantown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature <i>gmt</i>		Date 8/4/15				

NO CK

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

Date of Notification (1) <u>7</u> / <u>31</u> / <u>15</u>		Name of Building Owner/Operator (2) NJTA Contract T300.311 /Job #1501-4865 Check #7230 PG 1 of 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 5050		2015 MAY 14 PM 10:14				
			City, State, Zip Code Woodbridge, NJ 07095						
			Name of Contact Dan Crum	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millions Inc Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 15 Pulaski Street			Square Feet	# of Floors	Bldg. Age				
City (5) Bayonne									
County (6) Hudson		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Building						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8401	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 4 / 20 / 15	Scheduled Completion Date (11) 8 / 7 / 15		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Millions Inc. Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Condensate Tank Insulation	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millions Inc. Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	22,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millions Inc. Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	14,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millions Inc. Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	10,610 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Advanced Western Berks Landfill					
City, State Freehold, NJ		Disposal Date 8/7/15		City, State Birdsboro, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 			Date 7/31/15				

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

1501-4865
Page 2 of 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millions Inc. Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	1,255 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millions Inc. Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Louver Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

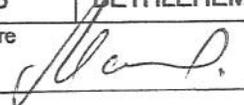
2015 AUG -7 2:10:14
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>8</u> / <u>3</u> / <u>15</u>			Name of Building Owner/Operator (2) Madison Public Library/ Job #1507-4935 Check #7421						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 39 Keep Street		<div style="border: 1px solid black; padding: 2px;"> 2015 AUG 10 10:13 1013 </div>				
			City, State, Zip Code Madison, NJ 07940						
			Name of Contact Nancy Adamczyk	Telephone Number 1					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Madison Public Library			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 39 Keep Street									
City (5) Madison			Square Feet 40,000	# of Floors 1	Bldg. Age 100+				
County (6) Morris		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Public Library						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1253 North Church Street			Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>8</u> / <u>24</u> / <u>15</u>		Scheduled Completion Date (11) <u>8</u> / <u>28</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Picture Book Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Surfacing Material (Complete Ceiling Removal)	580 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/28/15	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature <i>gmt</i>		Date 8/3/15				

PK 152

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

Date of Notification (1) 08-05-2015		Name of Building Owner/Operator (2) John Chen								
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13636 Cedar Run Lane								
		City, State, Zip Code Heron VA 20171								
		Name of Contact JOHN CHEN	Telephone Number 202-700-1121							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PRIVATE DWELLING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 72 MEADOWBROOK RD		Square Feet N/A	# of Floors 1 FL							
City (5) SHORT HILLS		Bldg. Age N/A								
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE DWELLING								
Name of Monitoring Firm Hired by Building Owner (8) BIOTERRA ENVIROMENTAL SOLUTION		ASCM No.	Name of Abatement Contractor (9) AMAX CONTRACTING LLC							
Street Address 1130 W CHESTNUT ST		Street Address 24 MORLEY DR								
City, State, Zip Code UNION NJ 07083		City, State, Zip Code WOODLAND PARK NJ 07424								
Project Manager for Monitoring Firm RICK EUSTAQUIO		Telephone No. 973-692-6298	License No. 01266							
Start Date (10) 08/15/2015	Scheduled Completion Date (11) 08/16/2015	Name of OSHA Monitor AMAX CONTRACTING LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 MORLEY DR								
		City, State, Zip Code WOODLAND PARK NJ 07424								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT			X	PIPE INSULATION	25 LF	X		X		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 CY	Name of Registered Landfill IESI PA BETHLEHEM LANDFILL CORP						
City, State NEWARK NJ		Disposal Date 08/16/2015		City, State BETHLEHEM PA						
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 08/05/2015			