

B & G proj. #: 2017-111

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

Check # 8526

Date of Notification (1) <u>08/11/17</u>		Name of Building Owner/Operator (2) State Theatre		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 150px;">RECEIVED</div> <div style="margin-top: 5px; font-weight: bold;">AUG 15 2017</div>
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		15 Livingston Avenue		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code New Brunswick, NJ 08901		
		Name of Contact Craig Werner		
		Telephone Number		CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) State Theatre			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 15 Livingston Avenue			Square Feet # of Floors Bldg. Age		
City (5) New Brunswick	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) Theatre		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/22/2017		Sched. Completion Date (11) 08/23/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

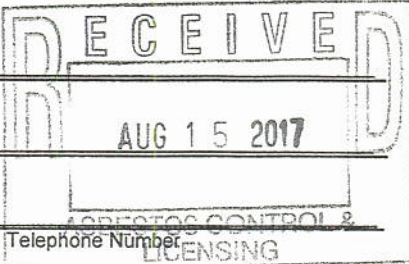
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement	<input checked="" type="checkbox"/>			pipe insulation	100 LF	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/23/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/11/2017

B & G proj. #: 2017-110

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

Check # 8525

Date of Notification (1) 08/11/17		Name of Building Owner/Operator (2) Patrick Curry		
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code South Orange, NJ 07079		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Patrick Curry		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Patrick Curry			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) South Orange	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)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/21/2017		Sched. Completion Date (11) 08/22/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

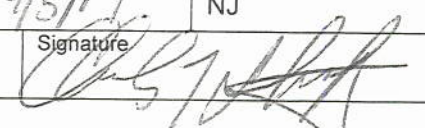
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement			<input checked="" type="checkbox"/>	pipe insulation	175 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	paper board insulation	5 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"/>

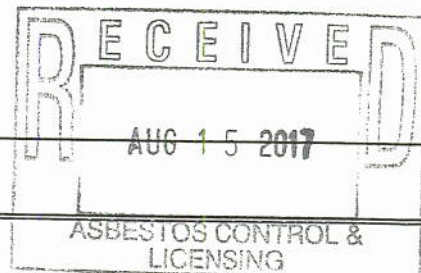
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/22/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/11/2017

Request FOR CH 3038

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

Variance Page 1 of 3

Date of Notification (1) August 08, 2017		Name of Building Owner/Operator (2) City of Garfield		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 15 2017 ASBESTOS CONTROL & MAINTENANCE </div>			
Agencies Notified		Type Notification				Street Address 111 Outwater Lane	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Garfield, NJ 07626 Name of Contact Kevin J. Boswell, PE City Engineer	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Former Fire No. 4 Firehouse				Type of Facility (4)			
Street Address Corner of Ray Street and Semel 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) Garfield				Square Feet 5,700	# of Floors 2		
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)			
Street Address				Yannuzzi Environmental Services, Inc.			
City, State, Zip Code				Street Address 135 Kinnelon Rd.			
Project Manager for Monitoring Firm				City, State, Zip Code Kinnelon, NJ 07405			
Telephone No.				Telephone No. 908-218-0880	License No. 01228		
Start Date (10) 8/22/17		Scheduled Completion Date (11) 9/5/17		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.			
Occupancy Status During Abatement (Check Only One)				Street Address 135 Kinnelon Rd.			
<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 Kinnelon, NJ 07405			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)		
	Yes	No	N/A				
Entire Structure			X	Unsafe Structure			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 200 CY	Name of Registered Landfill GROWS		
City, State Kinnelon, NJ		Disposal Date 9/5/17		City, State NJ			
Completed by Charles F. Imbimbo		Title Project Manager		Signature 	Date 08/08/17		



Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) mary bugel	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code CRANFORD, NJ 07016	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact mary bugel	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) mary bugel			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 08/18/17		Sched. Completion Date (11) 08/31/17	License Number 01169		
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor D & S Restoration, Inc.			
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		Street Address 20 California Avenue			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____		City, State, Zip Code Paterson, NJ 07503			
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

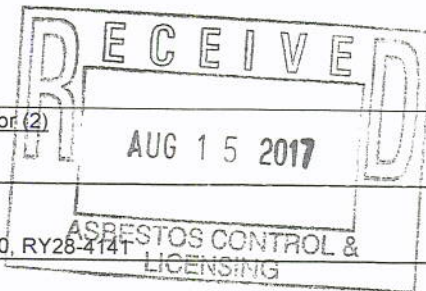
Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	87 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/19/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/07/2017

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



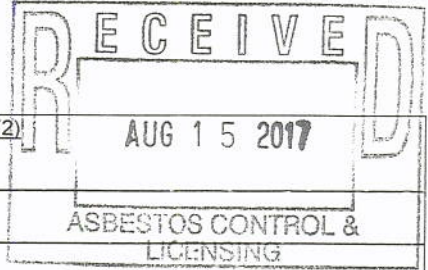
<u>Date of Notification (1)</u> 08/11/17		<u>Name of Building Owner/Operator (2)</u> Merck Sharp & Dohme Corp.	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 126 E. Lincoln Ave. PO Box 2000, RY28-4141 <u>City, State, Zip Code</u> Rahway, NJ	
		<u>Name of Contact</u> Sandra Schenk, Director S&E	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> No ACM – Demolition ONLY – Afterburner Structure		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 126 E. Lincoln Ave.		<u>Sq. Feet</u> 368 <u># of Floors</u> 4 – open grating; no roof	
<u>City (5)</u> Rahway	<u>County (6)</u> Union	<u>Bldg. Age</u> 25	
	<u>County Code (7)</u> (State Use Only)	<u>Current Use (prior if being demolished)</u> Structure for Afterburner pilot plant	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company	
<u>Street Address</u>		<u>Street Address</u> 2217 Spillman Dr	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 8/28/2017	<u>Scheduled Completion Date (11)</u> 9/29/2017	<u>Name of OSHA Monitor</u> N/A	
<u>Occupancy Status During Abatement (Check only one) – No ACM</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u>	
<u>Describe Demolition</u> (x) Scheduled Demo Start 8/28/17 Scheduled Demo Completion 9/29/2017		<u>City, State, Zip Code</u>	
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
No Asbestos			
<u>Name of Reg. Waste Hauler</u>		<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u>
<u>City, State</u>		<u>Disp. Date</u>	<u>Name of Reg. Landfill</u>
<u>Completed by (Print or Type)</u> Jennifer Polzer		<u>Title</u> Contract Manager	<u>Signature</u>
			<u>Date</u> 08/11/17

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

Telephone 609-984-6620

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

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



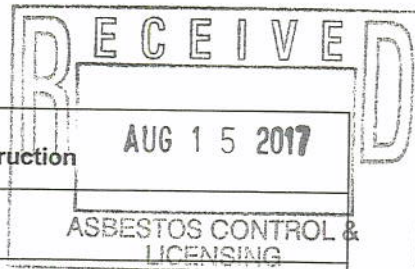
Date of Notification (1) 08/11/2017		Name of Building Owner/Operator (2) CITGO Petroleum Corporation	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type (x) Initial Notification () Amended Certification () Cancelled	Street Address 1200 36 th Street	
		City, State, Zip Code Pennsauken, NJ 08105	
		Name of Contact Glenn Milarczyk	

FACILITY INFORMATION			
Name of Facility Where Demolition is Taking Place (3) CITGO Petty's Island Tank Farm		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Asbestos removed by others prior to demolition		Sq. Feet # of Floors Various _____	
Street Address 1200 36 th Street		Bldg. Age 50+	
City (5) Pennsauken	County (6) Camden	Current Use (prior if being demolished) Tank Farm and associated bldgs	
County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Demo Contractor (9) Brandenburg Industrial Service Company
Street Address		Street Address 2217 Spillman Dr	
City, State, Zip Code		City, State, Zip Code Bethlehem Pennsylvania 18015	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 610-691-1800	License Number
Scheduled Start Date (10) ACM Removed by others prior to demo	Scheduled Completion Date (11)	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 2217 Spillman Drive	
Describe Demolition (x) Scheduled Demo Start 08/24/17 Scheduled Demo Completion 10/20/17		City, State, Zip Code Bethlehem, PA 18015	

Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose
ACM Removed by others prior to demo				

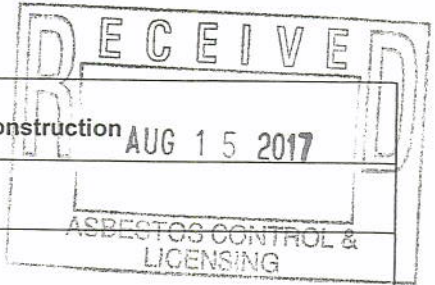
Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
City, State		Disp. Date	City, State
Completed by (Print or Type) Stephen Carne	Title Environmental Engineer	Signature 	Date 08/11/17

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



Date of Notification (1) 08 / 11 / 17		Name of Building Owner/Operator (2) Division of Property Management and Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera 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 and commercial buildings, homes, etc.)						
Street Address 152 Fostertown Road- Building 9		Square Feet # of Floors Bldg. Age						
City (5) Lumberton, NJ		County (6) Burlington						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane						
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Rick Estaquio		Telephone No. License No. 973-494-3762 1188						
Start Date (10) 06 / 28 / 17		Scheduled Completion Date (11) 09 / 29 / 17						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM	<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 All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Bethlehem Landfill		
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 8/11/17		

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



Date of Notification (1) <u>06</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) Division of Property Management and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera	

FACILITY INFORMATION

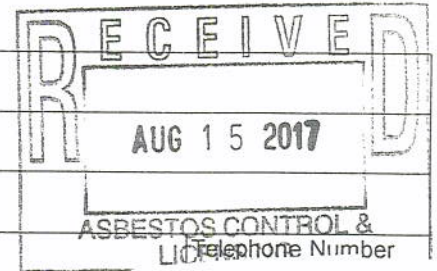
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 152 Fostertown Road- Building 9		Square Feet	
City (5) Lumberton, NJ		# of Floors	
County (6) Burlington		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane	
Project Manager for Monitoring Firm Rick Estaquio		City, State, Zip Code Garfield, NJ 07026	
Telephone No. 973-494-3762		Telephone No. 973-928-4888	
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Start Date (10) <u>06</u> / <u>28</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>28</u> / <u>17</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Garfield, NJ 07026	

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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Bethlehem Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA			
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 6/26/17	

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

CHW # 3249



Date of Notification (1) 8/11/17		Name of Building Owner / Operator (2) Warren 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 213 Mount Horeb Road	
		City, State & Zip Code Warren NJ, 07059	
		Name of Contact Michael Pate	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) A.L. Tomaso 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 46 Washington Valley Road			Square Feet 20000	# of Floors 1	Bldg. Age 76
City (5) Warren	County (6) Somerset	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mike Stocku		Telephone Number 609-304-3969	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) August 21, 2017	Scheduled Completion Date (11) August 22, 2017		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 10pm -6am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

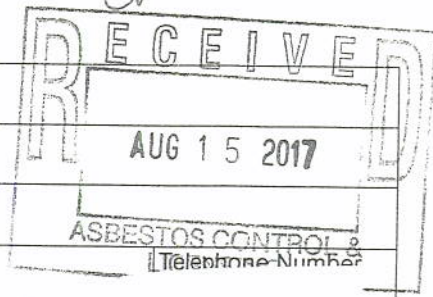
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Room 16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chalkboard mastic	111 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / JK</i>		Date 8/11/17

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

chk# 3249



Date of Notification (1) 8/11/17		Name of Building Owner / Operator (2) Warren Township BOE	
Agencies Notified	Type Notification	Street Address 213 Mount Horeb Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Warren NJ, 07059	
		Name of Contact Michael Pate	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Horeb 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 80 Mount Horeb Road			Square Feet 20000		
City (5) Warren		County (6) Somerset	County Code (7)		# of Floors 1
			Bldg. Age 76		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental			ASCM No.		
Street Address 1253 North Church Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code Moorestown, NJ 08057			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm Mike Stocku			Telephone Number 609-304-3969		License Number 00509
Scheduled Start Date (10) August 22, 2017		Scheduled Completion Date (11) August 23, 2017		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 10pm -6am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

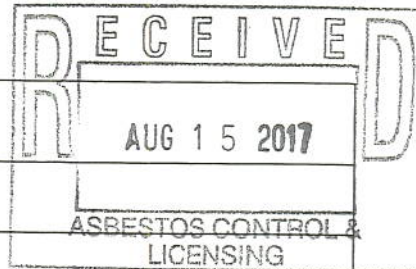
Scope of Work (Check all that apply)

<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 ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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	Enclose
Room 10C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chalkboard mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

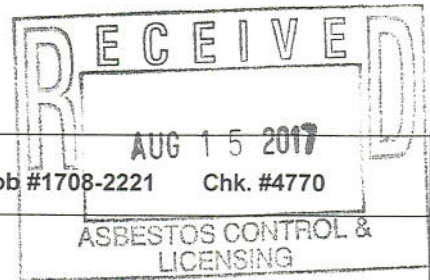
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 8/11/17

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



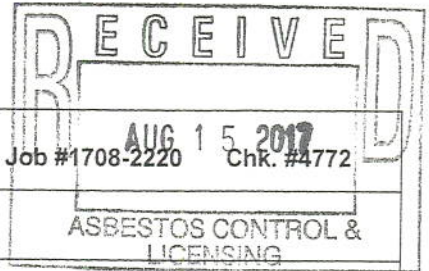
Date of Notification (1) 08 / 11 / 17		Name of Building Owner/Operator (2) Montgomery Township							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2261 Van Horne Road City, State, Zip Code Belle Mead, NJ 08502 Name of Contact Lauren Wasilauski							
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 and commercial buildings, homes, etc.)							
Street Address 150 Hollow Road		Square Feet # of Floors Bldg. Age							
City (5) Belle Mead		County Code (7)(STATE USE ONLY)							
County (6) Somerset		Current Use (Prior if being demolished) Schedule for demolition							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 08 / 21 / 17	Scheduled Completion Date (11) 09 / 21 / 17								
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 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Ground Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	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 All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 			Date 8/11/17		

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



Date of Notification (1) <u>8</u> / <u>7</u> / <u>17</u>			Name of Building Owner/Operator (2) Buckeye Partners LP / Job #1708-2221 Chk. #4770						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9999 Hamilton Blvd City, State, Zip Code Breinigsville, PA 18031 Name of Contact Doug Rolando Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Pipeline				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 123 Plainsfield Road				Square Feet 90					
City (5) Metuchen				# of Floors NA					
County (6) Middlesex				Bldg. Age NA					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Exterior Site - No Building							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Telephone No.		License No. 00862					
Start Date (10) <u>8</u> / <u>7</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>7</u> / <u>17</u>		Name of OSHA Monitor EMSL Analytical, 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 200 U.S. 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 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) 15 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Broken Transite		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 8/7/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 8-7-17			

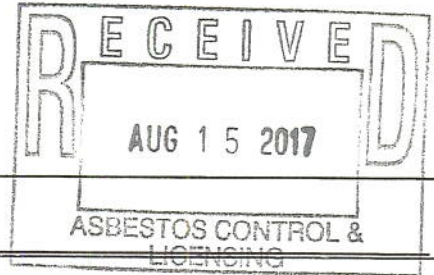
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 10 / 17		Name of Building Owner/Operator (2) Passariellos Pizza & Restaurant		Job #1708-2220 Chk. #4772	
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 119 Kings Highway		
			City, State, Zip Code Haddonfield, NJ 08033		
		Name of Contact Ted Barker		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Passariellos Pizza & Restaurant			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 119 Kings Highway					
City (5) Haddonfield			Square Feet 9,500	# of Floors 2	Bldg. Age 70 +/-
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 609-702-0400	License No. 00862
Start Date (10) 8 / 19 / 17		Scheduled Completion Date (11) 8 / 19 / 17		Name of OSHA Monitor EMSL Analytical, 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. 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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 95 LF
	Yes	No	N/A		
Crawlspaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Lafayette, NJ		Disposal Date 8/19/17		City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	Date 8-10-17

D&S Proj. #: 17-214

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



Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) justin hornstein	
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 #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code highland park, nj 08904	
		Name of Contact justin hornstein	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) justin hornstein			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) highland park	County (6) MIDDLESEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/28/17		Sched. Completion Date (11) 09/11/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

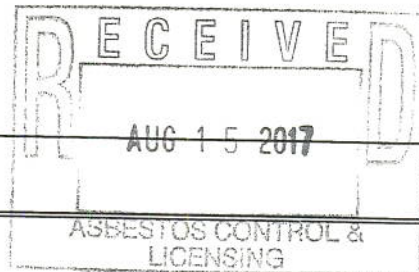
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked=""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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	117 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler		<input checked="" type="checkbox"/>		BOILER INSULATION	50 sq ft	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/29/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN IOLDZIC	Title PRESIDENT	Signature	Date

D&S Proj. #: 17-213

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



Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) jim peterson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code MOUNTAINSIDE, NJ 7092	
Name of Contact jim peterson		Telephone Number	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 08/16/17		Sched. Completion Date (11) 08/28/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

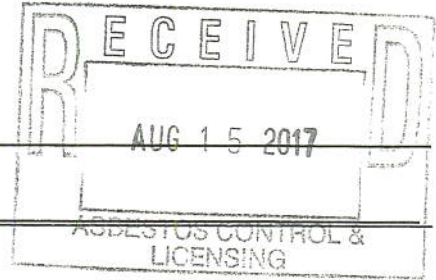
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked=""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

Location of asbestos-containing material (acm) 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						
garage		<input checked="" type="checkbox"/>		duct INSULATION	120 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/17/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/07/2017

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

D&S Proj. #: 17-212



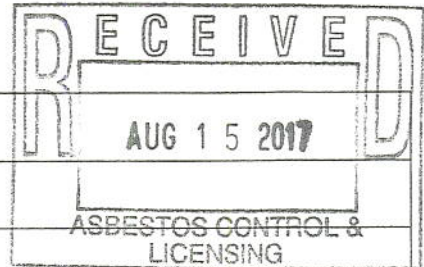
Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) diana and george piper	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLOOMFIELD, NJ 07003	
	Name of Contact diana and george piper		Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) diana and george piper			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) BLOOMFIELD	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____		Street Address 20 California Ave.			
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/22/17		Sched. Completion Date (11) 08/28/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

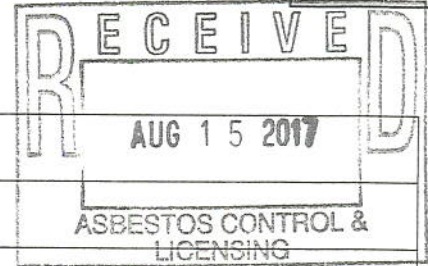
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> 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)	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		PIPE INSULATION	79 lf	X			
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 08/23/17		City, State TULLYTOWN, PA					
Completed by (Print or Type) ROGDAN IOL DZIC		Title PRESIDENT		Signature _____		Date 08/23/17			

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



Date of Notification (1) 8/8/17		Name of Building Owner/Operator (2) Brinton Brosius							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit NJ 07901							
		Name of Contact Christine Yewaisis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit		Square Feet	# of Floors Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-899-9008 License No. 01336						
Start Date (10) 8/20/17	Scheduled Completion Date (11) 8/31/17	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1 ST FL LIVING ROOM JOINT COV		X		Surfacing materials	46	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company					
City, State			Disposal Date	City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 8/8/17		

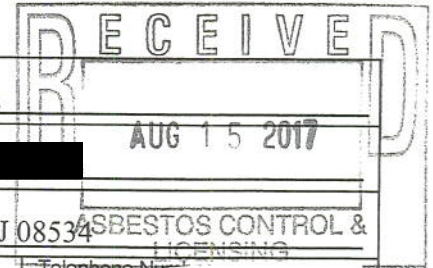
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/8/17		Name of Building Owner/Operator (2) Edward Witkowski							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Northvale NJ 07647							
		Name of Contact Ed							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Witkowski's Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Northvale NJ 07647		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-899-9008	01336						
Start Date (10) 8/23/17	Scheduled Completion Date (11) 8/31/17	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 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input type="checkbox"/> Glovebag 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		Boiler insulation	35	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1yd	Name of Registered Landfill 110 Sand Company					
City, State		Disposal Date		City, State					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 8/8/17		

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

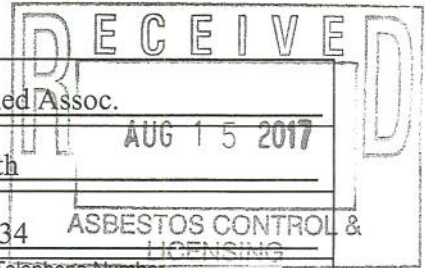
Check # 25563



Date of Notification (1) <u>8/11/17</u>		Name of Building Owner/Operator (2) <u>Regan</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <u>Pennington, NJ 08534</u>							
		Name of Contact <u>Melissa Regan</u>	Telephone [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>Pennington, NJ 08534</u>		Square Feet <u>3000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>200 +/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>8/21/17</u>	Scheduled Completion Date (11) <u>8/31/17</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
<u>Attic</u>	<input checked="" type="checkbox"/>			<u>Vermiculite</u>	<u>850 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>15 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/31/17</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature [Signature]			Date <u>8/11/17</u>		

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

Check # 25562

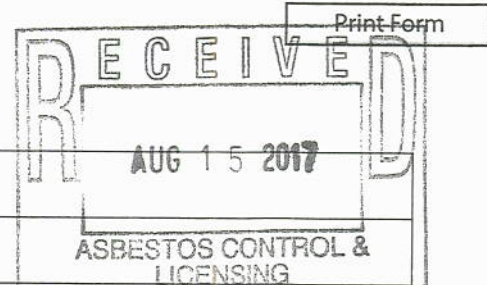


Date of Notification (1) <u>8/11/17</u>		Name of Building Owner/Operator (2) <u>Musconetcong Watershed Assoc.</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>100 Rt 206 North</u>						
		City, State, Zip Code <u>Peapeck, NJ 07934</u>						
		Name of Contact <u>William Gieke</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Pump House</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>152 Asbury West Portal Rd.</u>		Square Feet <u>3200</u>	# of Floors <u>2</u>					
City (5) <u>Asbury, NJ 08802</u>		Bldg. Age <u>95 +/-</u>						
County (6) <u>Hunterdon</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>8/25/17</u>	Scheduled Completion Date (11) <u>8/31/17</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" 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
<u>Ground Floor</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>70 lf</u>	<input checked="" type="checkbox"/>			
<u>Ground Floor</u>	<input checked="" type="checkbox"/>		<u>Thermal Tank Insulation</u>	<u>40 sf</u>	<input checked="" type="checkbox"/>			
<u>Variuos areas</u>	<input checked="" type="checkbox"/>		<u>Debris Clean up</u>	<u>30 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/31/17</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/11/17</u>					

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

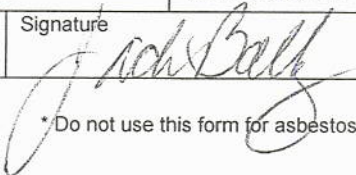
check # 11398

Date of Notification (1) 8 / 11 / 17		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 15 2017 </div>					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact James Rizzo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) THURMAN STREET STRUCTURE				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 1212, 1210, 1208 THURMAN STREET STRUCTURE									
City (5) Camden		Square Feet varies	# of Floors varies	Bldg. Age 50+					
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 215 542 7000	License No. 00847					
Start Date (10) 8 / 14 / 17		Scheduled Completion Date (11) 9 / 30 / 17		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: 7:00AM-5:00PM / ____PM-____AM			Street Address 1121 N Bethlehem Pike -Suite 60						
			City, State, Zip Code Spring House, PA 19477						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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) 200 YD per res	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS				
City, State Fairless Hills, PA		Disposal Date 9/30/17		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 8/11/2017			



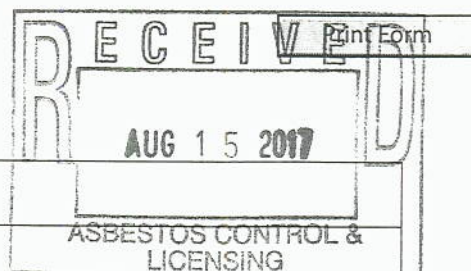
CH5477

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

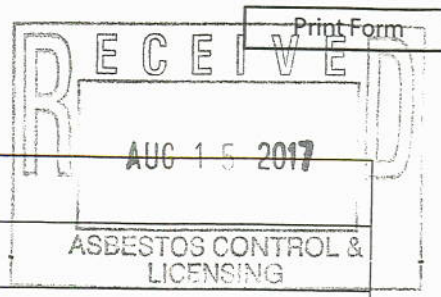
Date of Notification (1) 8/11/17		Name of Building Owner/Operator (2) API Foils, Inc.							
Agencies Notified	Type Notification	Street Address 329 New Brunswick Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07065							
		Name of Contact Rob Chimchirian							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) API Foils		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 329 New Brunswick Avenue		Square Feet 400,000	# of Floors 1						
City (5) Rahway		Bldg. Age 60+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Roux Associates		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 402 Heron Drive		Street Address 303 B National Road							
City, State, Zip Code Logan Township, NJ 08085		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Rob Chimchirian		Telephone No. 856-423-8800	License No. 01161						
Start Date (10) 8/26/17	Scheduled Completion Date (11) 8/25/18	Name of OSHA Monitor EMSL							
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: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
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	Enclosure
Throughout Manufacturing Area		X		Asbestos pipe insulation	1,010 LF	X			
				Each work area <200 lf					
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 8/11/17			

CK 2536

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



Date of Notification (1) 8/11/2017		Name of Building Owner/Operator (2) JCPenney							
Agencies Notified	Type Notification	Street Address 6501 Legacy Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plano TX 75024							
		Name of Contact Owner Rep: Jeff Voorhees	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCPenney Store #2287		Type of Facility (4)							
Street Address 4405 Black Horse Pike		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mays Landing		Square Feet 5000+	# of Floors 1 Bldg. Age 50+						
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) Watterson Environmental		ASCM No. _____	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 1827 Walden Office Square, Suite 100		Street Address 102 Technology Lane							
City, State, Zip Code Schaumburg, IL 60173		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Jeff Voorhees		Telephone No. 224-777-0661	Telephone No. 724-325-3330 License No. 01121						
Start Date (10) 8/21/2017	Scheduled Completion Date (11) 8/23/2017	Name of OSHA Monitor Watterson Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 1827 Walden Office Square, Suite 100							
<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: _____		City, State, Zip Code Schaumburg, IL 60173							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Salon			X	Mirrors & Associated Mastic	216 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste _____	Name of Registered Landfill GROWS Landfill					
City, State Trenton, New Jersey		Disposal Date 8/23/2017		City, State Morrisville, PA					
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>Jessica Wolfe</i>		Date 8/11/2017			

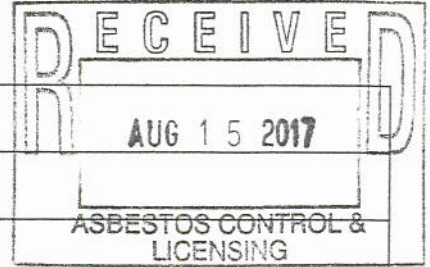


Ch 4792

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

Date of Notification (1) 8/2/17		Name of Building Owner/Operator (2) Joe Stead							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vincetown NJ 08088							
		Name of Contact Joe Stead							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Same		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Vincetown NJ 08088		Square Feet 3000	# of Floors 3						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence (not being demolished)Vacant						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies						
Street Address		Street Address 203 Pine St							
City, State, Zip Code		City, State, Zip Code Mt Holly NJ,08060							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		609-702-1500	01299						
Start Date (10) 8/14/17	Scheduled Completion Date (11) 8/16/17	Name of OSHA Monitor							
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 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	160LF	X			
Name of Registered Waste Hauler Active Environmental Technologies, Inc		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 2	Name of Registered Landfill Conestoga					
City, State Mt Holly NJ 08060		Disposal Date 8/17/17		City, State Morgantown PA					
Completed by [Signature]		Title Supervisor		Signature [Signature]		Date 8-2-17			

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



Date of Notification (1) 08-02-17		Name of Building Owner/Operator (2) Emerson 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 checked="" 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 133 Main St.							
		City, State, Zip Code Emerson, NJ 07630							
		Name of Contact Chris McQuade							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Emerson Jr. High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 131 Main St.									
City (5) Emerson		Square Feet 20,000 +	# of Floors 1						
		Bldg. Age 50 +							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 00127	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address 307 N Walnut St.		Street Address 522 7th St.							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. (610) 431-7545	Telephone No. 201 216-9603						
		License No. 01206							
Start Date (10) 08-07-17		Scheduled Completion Date (11) 08-14-17							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Delfa Contracting LLC							
		Street Address 522 7th St.							
		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 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
1st Floor / Trainers Room		x		Pipe Insulation	180 LF	x			
1st Floor / Trainers Room		x		Cinderblock wall w/ Vermiculite	700 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10'	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 08-11-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 08-02-17		

CK 1021

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

Print Form

DOL - 10

JUL 24 2017

WAIVER APPROVED

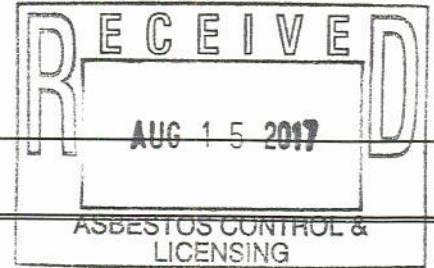
Date of Notification (1) 7/24/17		Name of Building Owner/Operator (2) Jane Ferlanti	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Fairlawn, NJ 07470	
Name of Contact Jane Ferlanti		Telephone	
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Fairlawn NJ 07470		Square Feet	
County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address		Name of Abatement Contractor (9) MKD Property Maintenance LLC	
City, State, Zip Code		Street Address 105 Van Riper Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Clifton NJ 07011	
Start Date (10) 7/26/17		Scheduled Completion Date (11) 8/25/17	
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:		Telephone No. 201-899-9008	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		License No. 01336	
Name of OSHA Monitor		Name of Registered Waste Hauler TBD	
Street Address		NJDEP Waste Hauler ID No. TBD	
City, State, Zip Code		Cubic Yards of Waste 2 yds	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) basement		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Amount (Specify SF or LF) 98 lf	
		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Landfill 110 Sand Company		City, State NY, NY 11747	
Disposal Date 7/28/17		Date 7/24/2017	
Completed by Darko Ralowski		Title Project Manager	

ASB-41 (R-06-08)

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

D&S Proj. #: 17-215

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



Date of Notification (1) 10/18/10/19/11/17/1		Name of Building Owner/Operator (2) LEONARD MAZUR	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MT. LAKES, NJ 07046	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact WOODY JONES	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LEONARD MAZUR			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) MT. LAKES			County (6) MORRIS	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age		
Street Address			Current Use (Prior if being demolished)		
City, State, Zip Code					
Project Manager for Monitoring Firm			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Phone Number			Street Address 20 California Ave.		
Start Date (10) 08/10/17			City, State, Zip Code Paterson, NJ 07503		
Sched. Completion Date (11) 08/25/17			Telephone Number 973-345-8020		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			License Number 01169		
			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)						<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<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					
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)	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								
BUILDING EXTERIOR		<input checked="" type="checkbox"/>		ROOF	600 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/11/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/09/2017

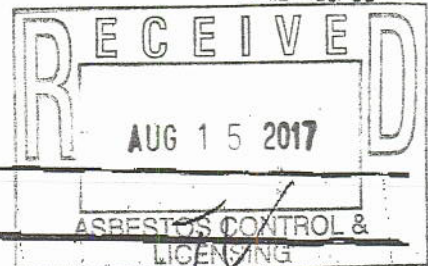
08/09/2017 10:43AM 9733458860

D&S RESTORATIO

PAGE 02/85

D&S Proj. #: 17-215

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



Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) LEONARD MAZUR	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MT. LAKES, NJ 07046	
		Name of Contact WOODY JONES	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LEONARD MAZUR			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age	
City (5) MT. LAKES	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 08/10/17		Sched. Completion Date (11) 08/25/17	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
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 checked="" type="checkbox"/> Demolition			Street Address 20 California Avenue	
Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING EXTERIOR			City, State, Zip Code Paterson, NJ 07503	

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)	Amount (Specify SF or LF)	Removal Method			
	Yes	No	N/A			Full Containment w/negative pressure	Mini-enclosure	Glovebag procedure	Non-Exempted (*) and Non-friable procedure
BUILDING EXTERIOR		X		ROOF	600 SQ FT	<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 D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/11/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/09/2017

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