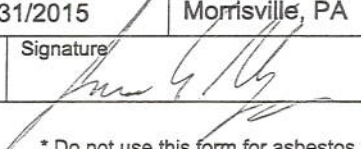


Check #
8622

Print Form

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

Date of Notification (1) 8/12/2015		Name of Building Owner/Operator (2) 78 Summit Avenue, LLC							
Agencies Notified	Type Notification	Street Address 506 Palisade Avenue							
<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 Jersey City, NJ 07307							
		Name of Contact Bill Melms	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 78 Summit Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 5500	# of Floors 3						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) August 22, 2015	Scheduled Completion Date (11) August 25, 2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	247 LF	X			
						X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 8/31/2015	City, State Morrisville, PA					
Completed by James E. Unger		Title Sr. Estimator/Project Mgr.	Signature 	Date 8/12/2015					


CK 1663

Print Form

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

RECEIVED

2015 AUG 17 AM 8:42

Date of Notification (1) 8/6/2015		Name of Building Owner/Operator (2) County Of Passaic						
Agencies Notified	Type Notification	Street Address 401 Grand Street, Room 524						
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07505						
		Name of Contact Mr. Jack Nigro	Telephone Number (97 _____)					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Dey Mansion Museum		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 199 Totowa Road		Square Feet 4,000	# of Floors 3					
City (5) Wayne		Bldg. Age 100						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) LANGAN Environmental Services, Inc.		ASCM No. 00099	Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address 619 River Drive Center 1		Street Address 1385 Valley Road, Suite K						
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (201) 794-6900	License No. 00874					
Start Date (10) 8/24/2015	Scheduled Completion Date (11) 9/7/2015	Name of OSHA Monitor Sky Contracting, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K						
		City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
See Attached		X			X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 8/6/2014		

2015 AUG 17 AM 8:42

July 24, 2015

TABLE I
ESTIMATED QUANTITY OF ACM TO BE REMOVED

Material	Location	Survey Results	Estimated Quantity of ACM/ Assumed ACM to be Removed	ACM Removal Method
Basement Work Area #1				
Pipe insulation	Basement – Northwestern Space	ACM	7 LF	Glove Bag and/or Intact Removal Using Wrap-and-Cut Procedures within Negative Pressure Tent Enclosure
Basement Work Area #2				
Pipe insulation	Basement – Center Space	ACM	13 LF	Glove Bag and/or Intact Removal Using Wrap-and-Cut Procedures within Negative Pressure Tent Enclosure
Basement Work Area #3				
Pipe insulation	Basement – Northeastern Space	ACM	30 LF	Negative Pressure Containment Procedures in Accordance with N.J.A.C. 5:23, Subchapter 8 Rules and Regulations.
Pipe insulation debris	Basement – Northeastern Space	ACM	20 SF	
Pipe insulation	Basement – Crawl Space	ACM	30 LF	
Pipe insulation debris	Basement – Crawl Space	ACM	50 SF	
Basement Work Area #4				
Pipe insulation	Basement - Boiler Room	ACM	20 LF	Glove Bag and/or Intact Removal Using Wrap-and-Cut Procedures within Negative Pressure Tent Enclosure
Ceiling Transite panel	Basement - Boiler Room	ACM	60 SF	Intact Removal Procedures within Negative Pressure Tent Enclosure
Basement Exterior				
Exterior window caulk (9 masonry window openings)	Exterior of Perimeter Walls	ACM	90 LF	Exterior Removal Procedures in accordance with NJ-DOL and NJ-DHS8 requirements.
First Floor Work Area #5				
Pipe insulation – Exposed and concealed within wall pipe chase	First Floor – West Side	ACM	20 LF	Negative Pressure Tent Enclosure with Remote Decontamination Unit
First Floor Work Area #6				

Dey Mansion
199 Totowa Road,
Wayne, New Jersey

Asbestos Abatement
02080-3

2015 AUG 17 AM 8:42

July 24, 2015

Pipe insulation – Exposed and concealed within wall pipe chase	First Floor – East Side	ACM	20 LF	Negative Pressure Tent Enclosure with Remote Decontamination Unit
First Floor Exterior				
Exterior window caulk (17 masonry window openings)	Exterior of Perimeter Walls	ACM	440 LF	Exterior Removal Procedures in accordance with NJ-DOL and NJ-DHSS requirements.
Second Floor Work Area #7				
Pipe insulation – Exposed and concealed within wall pipe chase	Second Floor – West Side	ACM	20 LF	Negative Pressure Tent Enclosure with Remote Decontamination Unit
Second Floor Work Area #8				
Pipe insulation – Exposed and concealed within wall pipe chase	Second Floor – East Side	ACM	20 LF	Negative Pressure Tent Enclosure with Remote Decontamination Unit
Second Floor Exterior				
Exterior window caulk (13 masonry window openings)	Exterior of Perimeter Walls	ACM	285 LF	Exterior Removal Procedures in accordance with NJ-DOL and NJ-DHSS requirements.
Attic Work Area #9				
Pipe insulation – Exposed and concealed within wall pipe chase	Attic – West Side	ACM	5 LF	Glove Bag and/or Intact Removal Using Wrap-and-Cut Procedures within Negative Pressure Tent Enclosure
Attic Work Area #10				
Pipe insulation – Exposed and concealed within wall pipe chase	Attic – East Side	ACM	5 LF	Glove Bag and/or Intact Removal Using Wrap-and-Cut Procedures within Negative Pressure Tent Enclosure
Attic Exterior				
Exterior window caulk (4 masonry window openings)	Exterior of Perimeter Walls	ACM	65 LF	Exterior Removal Procedures in accordance with NJ-DOL and NJ-DHSS requirements.

- C. The Contractor shall be aware of all conditions of the Project and is responsible for verifying quantities and locations of all Work to be performed. Failure to do so shall not relieve the Contractor of its obligation to furnish all labor and materials necessary to perform the work.
- D. The Contractor shall file abatement notifications with applicable Federal, State and local agencies having jurisdiction over this asbestos abatement project, and obtain abatement permit from the local building department. Failure on behalf of the Contractor to file notifications and obtain permits shall not result in any extension for the timely results of completion of the work set forth in the Contract. The Contractor shall be responsible and shall be required to pay any administrative penalties imposed on the Owner, and the Design Consultant retained by the Owner for actions taken or lack thereof by the Contractor in accordance with N.J.A.C. 12:120-3.5, 8:60-3.5 and 5:23-Subchapter 8.

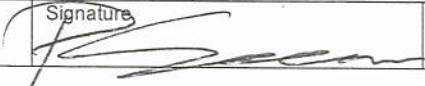
Dey Mansion
199 Totowa Road,
Wayne, New Jersey

Asbestos Abatement
02080-4

CK 1662

Print Form


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

Date of Notification (1) 8/7/2015		Name of Building Owner/Operator (2) Courtney Kohut							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 19 Ryan Road		City, State, Zip Code Cranbury, New Jersey 08512							
Name of Contact Courtney Kohut		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential - Single Family Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 19 Ryan Road		Square Feet 1,500	# of Floors 1						
City (5) Cranbury		Bldg. Age 70							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 8/18/2015	Scheduled Completion Date (11) 8/24/2015	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
Ground Floor		X		Textured Ceiling	600 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 8/7/2015		

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

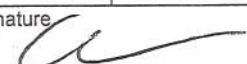
Emergency

CK 5020

Date of Notification (1) 8/12/15		Name of Building Owner/Operator (2) Gary Gruber Private Home							
Agencies Notified	Type Notification	Street Address 359 Morris Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Gary	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gary Gruber Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 359 Morris Blvd		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) Manahawkin NJ 08050		Current Use (Prior if being demolished) Home							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/13/15	Scheduled Completion Date (11) 8/17/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/17/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/12/15			

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

CK 5018

Date of Notification (1) 8/12/15		Name of Building Owner/Operator (2) Mike Stevens Private Home							
Agencies Notified	Type Notification	Street Address 48 Phyllis Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Mike	Telephone Number 201						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mike Stevens Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 48 Phyllis Lane		Square Feet 1000+	# of Floors 1+						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/13/15	Scheduled Completion Date (11) 8/17/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 SF	X			
through -out				Floor tile	600 SF	X			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/17/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/12/15		

08/12/2015 11:24

NO. 736 #002

CK 2303

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

DOL - 10 DAY


NOTICE OF ASBESTOS ABATEMENT

Date of Notification (1) August 12, 2015		Name of Building Owner/Operator (2) Haddon Township Board of Education		Check # 2303	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> COL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment to <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		500 Rhoads Avenue	
				City, State, Zip Code Westmont, NJ 08108	
				Name of Contact Michael Moore	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Van Scler Elementary School				Type of Facility (4)	
Street Address 625 Rhoads Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Haddon Township				Square Feet 5,000	# of Floors 2
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 100
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC				Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1930 Brown Road				Street Address 823 Cutler Avenue	
City, State, Zip Code Newfield, NJ 08344				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Eberts				Telephone No. 856-205-1077	License No. 00842
Start Date (10) August 13, 2015		Scheduled Completion Date (11) August 14, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North	
<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 Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> < 9 sf or < 3 lf <input type="checkbox"/> > 9 sf or > 3 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-Frable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Boiler Room		XXX		Cement Pipe	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02286	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill	
City, State Freehold, NJ		Disposal Date 8/14/2015	City, State Newburg, PA		
Completed by Christina Lynch		Title Operations Manager	Signature 	Date 8/12/2015	

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

Date of Notification (1) 8/12/15		Name of Building Owner/Operator (2) Jacquelyn Glack						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 410 Elizabeth Ave City, State, Zip Code Point Pleasant Beach, NJ 08742 Name of Contact Eric Plackis Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 410 Elizabeth Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Point Pleasant Beach		Square Feet 1352	# of Floors 2					
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 61					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.					
Street Address		Street Address P.O. Box 915						
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723						
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196					
Start Date (10) 8/13/15	Scheduled Completion Date (11) 8/18/15		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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
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) 3484 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			Asbestos Drywall Compound + board					
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Inc.				
City, State Brick, New Jersey		Disposal Date 8/19/15		City, State PA				
Completed by Eric Plackis		Title President	Signature EPL		Date 8/12/15			

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

Date of Notification (1) August 12, 2015		Name of Building Owner/Operator (2) Eagle Point Power Generation, LLC		Check #2302					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1250 Crown Point Road					
		City, State, Zip Code Westville, NJ 08093							
		Name of Contact Jeff Zelik		Telephone Number 856-224-0080					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eagle Point Power Generation				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 1250 Crown Point Road				Square Feet 30,000					
City (5) Westville				# of Floors 2					
County (6) Gloucester				Bldg. Age 100					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Refinery							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 411 Southgate Court, Suite E		Street Address 623 Cutler Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		License No. 00842					
Start Date (10) August 26, 2015		Scheduled Completion Date (11) September 25, 2015		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 <input type="checkbox"/> Other - Describe:				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Pipe Rack		XXX		Pipe Insulation	800 LF	X			
Between Tanks 207 & 208		XXX		Pipe Insulation	50 LF	X			
Between Tanks 207 & 208		XXX		Pipe Insulation (Wrap & Cut)	20 LF	X			
Name of Registered Waste Hauler Jack Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Voorhees, NJ				Disposal Date 9/25/2015	City, State Morrisville, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 8/12/2015			

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

B & G proj. #: 2015-142

Check # 7344

2015 AUG 17 AM 8:08

Date of Notification (1) <u>08/12/15</u>		Name of Building Owner/Operator (2) <u>Larry Brown</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>18 Collins Avenue</u>	
		City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
		Name of Contact <u>Larry Brown</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Larry Brown</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>18 Collins Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Bloomfield, NJ 07003</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>08/22/2015</u>		Sched. Completion Date (11) <u>08/22/2015</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</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: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>LincolnPark, NJ 07035</u>		

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	5 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 <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>08/24/2015</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/12/2015</u>

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

Date of Notification (1) 8/13/15		Name of Building Owner/Operator (2) Van Dyke	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 49 Wallace Rd.		City, State, Zip Code Princeton Junction, Nj 08550	
Name of Contact Carl Van Dyke		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 49 Wallace Rd.		Square Feet 2200	# of Floors 2
City (5) Princeton Junction, NJ		Bldg. Age 60+/-	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322		
City, State, Zip Code Crosswicks, NJ		City, State, Zip Code Allentown, NJ 08501		
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	Telephone No. (609) 259-9688	License No. 00493
Start Date (10) 8/31/15	Scheduled Completion Date (11) 9/4/15		Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am to 3:30 pm		Street Address PO Box 341		
		City, State, Zip Code Crosswicks, 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Furnace Room	<input checked="" type="checkbox"/>			Transite Wall Board	120 sf	<input checked="" type="checkbox"/>			
Furnace Room	<input checked="" type="checkbox"/>			Transite Flue Pipe	14 lf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2CU	Name of Registered Landfill GROWS Landfill	
City, State Allentown, NJ		Disposal Date 9/4/15	City, State Morrisville, PA		
Completed By Mahlon E. Stevens	Title Project Manager	Signature	Date 8/13/15		

CK #24902

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

Date of Notification (1) <u>8/13/15</u>		Name of Building Owner/Operator (2) <u>SJS Mapleton, LLC</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>75 Mapleton Rd</u>							
		City, State, Zip Code <u>Princeton, NJ 08540</u>							
		Name of Contact <u>Adam Pate</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>The Marillac Campus - Building # 4</u>		Type of Facility (4) <input checked="" 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>75 Mapleton Rd.</u>		Square Feet <u>15000</u>	# of Floors <u>3</u>						
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>75+/-</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) <u>USA Environmental Management</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>344 West State Street</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Trenton, NJ 08618</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 656-8101</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>8/24/15</u>	Scheduled Completion Date (11) <u>9/4/15</u>	Name of OSHA Monitor <u>DB Environmental</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkeley Place</u>							
		City, State, Zip Code <u>Freehold, NJ 07728</u>							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Various Areas</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>24 lf</u>		<input checked="" type="checkbox"/>		
<u>Northeast/Southeast Stairwell</u>	<input checked="" type="checkbox"/>			<u>Spray-on Acoustical Plaster</u>	<u>68 sf</u>		<input checked="" type="checkbox"/>		
<u>Northeast Stairwell</u>				<u>VAT/Mastic</u>	<u>136 sf</u>	<input checked="" type="checkbox"/>			
<u>Air Handling Rm 4-033</u>				<u>VAT/Mastic</u>	<u>90 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>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/4/15</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/13/15</u>						


Check # 9402

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

Date of Notification (1) 8-13-15		Name of Building Owner/Operator (2) J Vinch + Sons Inc							
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 P.O. Box 5465 City, State, Zip Code Trenton NJ 08638							
		Name of Contact Gary Vinch	Telephone Number 215-...						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Duplex family Dwelling/Barber		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 716/718 Brunswick Ave		Square Feet	# of Floors 2						
City (5) Trenton NJ 08638		Bldg. Age 90+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Duplex/Barbershop							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-25-15	Scheduled Completion Date (11) 9-4-15	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor & Porch		X		Floor Tiles 12x12	100 SF	X			
Basement	X			Pipe Insulation	220 LF	X			
Exterior			X	Siding Shingles	1600 SF				
Roof			X	Roofing Material	1000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 9-4-15		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 8-13-15					

CK 7001924

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

<u>Date of Notification (1)</u> 8/11/15		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
<u>Street Address</u> 800 Billingsport Rd		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>Name of Contact</u> Ravi Jarecha		<u>Telephone Number</u> 4	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> N/A <u>Current Use (prior if being demolished)</u> Oil Refinery
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> KA Industrial Services, LLC.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> K A Industrial Services LLC
<u>Street Address</u> 800 Billingsport Rd		<u>Street Address</u> 800 Billingsport Rd	
<u>Paulsboro, NJ 08066</u>		<u>City State, Zip Code</u> Paulsboro, NJ 08066	
<u>Project Manager for Monitoring Firm</u> Scott Dechant	<u>Telephone Number</u> 856-224-4385	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 7/1/15	<u>Scheduled Completion Date (11)</u> 8/17/15	<u>Name of OSHA Monitor</u> K A Industrial Services, LLC	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside areas		<u>Street Address</u> 800 Billingsport Rd	
		<u>City, State, Zip Code</u> Paulsboro NJ 08066	
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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 misc.)</u>	<u>Amount (Specify SF or LF)</u> <u>Abatement Type</u> Rem. Rep. Encap Enclose
Coker unit	X	Pipe Insulation	Approx 45 LF X
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 6 CY	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>City, State</u> South Harrison, NJ
<u>Completed by (Print or Type)</u> ANDREW GREEN	<u>Title</u> MANAGER - KA Industrial Services	<u>Signature</u>  Site Operations Supervisor	<u>Date</u> 8/11/15


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

Telephone 609-984-6620

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

CK 11 318

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

Date of Notification (1) 8 / 10 / 15		Name of Building Owner/Operator (2) Elwyn New Jersey		2015 AUG 17 AM 8:22					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1667 East Landis Ave.							
		City, State, Zip Code Vineland, NJ 08361							
		Name of Contact Peter Thomas		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elwyn New Jersey			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 1667 East Landis Ave.									
City (5) Vineland, NJ 08361			Square Feet 3000	# of Floors 3	Bldg. Age 84+				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant / Institutional					
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) 8 / 24 / 15	Scheduled Completion Date (11) 9 / 9 / 15		Name of OSHA Monitor AET						
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: 7AM-____PM/3:30PM-____AM			Street Address 28 N. Pennel Road						
			City, State, Zip Code Media, PA 19063						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wire Wrap	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill Western Berks Community Landfill				
City, State Hatfield, PA		Disposal Date TBD		City, State Birdsboro, Pa					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 8/10/15			

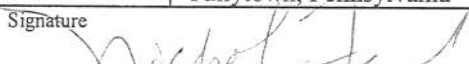
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	430 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar	3500 SF	<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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"/>

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

Date of Notification (1) August 12, 2015		Name of Building Owner/Operator (2) Scott Thomas	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 302	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Lake George, NY 12845	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Scott Thomas	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 411 Carter Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
Point Pleasant Beach			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# of Floors 1	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 4/13/15	Scheduled Completion Date (11) 4/14/15	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input 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 checked="" type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 4/17/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/12/2015		

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

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

Check # 9403

Date of Notification (1) 8-13-15		Name of Building Owner/Operator (2) John Kurtz	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 43 Clinton Street City, State, Zip Code Lambertville NJ 08530 Name of Contact John Kurtz
			Telephone Number _____
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Single family/Duplex Street Address 43 Clinton Street City (5) Lambertville NJ 08530 County (6) Hunterdon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors 2 Bldg. Age 100+ Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies Street Address P.O. Box 337 City, State, Zip Code New Egypt, NJ 08533 Project Manager for Monitoring Firm Steve Schenker		ASCM No. N/A Name of Abatement Contractor (9) EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 Telephone No. 609 758-3365 License No. 00394	
Start Date (10) 8-24-15		Scheduled Completion Date (11) 8-24-15	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) Basement/crawlspace	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation
	Amount (Specify SF or LF) 145 LF		
Name of Registered Waste Hauler EPC Technologies City, State New Egypt NJ		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2 Name of Registered Landfill Waste Management of PA City, State Morrisville PA
Completed by Steve Schenker		Title President	Signature Steve Schenker
			Date 8-13-15

Aug 12 2015 09:00am

P001/001

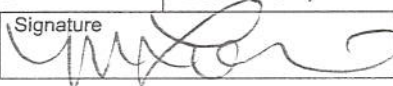
Emergency

(Signature)
Date: 8/11/15 Time: 9:00State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)


Check # 9401

Date of Notification (1) 8-11-15		Name of Building Owner/Operator (2) Winfield Management LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 55 Madison Ave City, State, Zip Code Morristown NJ 07960 Name of Contact Geoffrey Scott Telephone Number 7							
Name of Facility Where Abatement is Taking Place (3) Store fronts and Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 89-93 1st Ave		Square Feet	# of Floors 2						
City (5) Atlantic Highlands NJ 07716		Bldg. Age 100+							
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-14-15		Scheduled Completion Date (11) 9-14-15							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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	Enclosure
Bldg 91 1st Floor		X		Pipe Insulation	30 LF	X			
Basement 89-93	X			Various pipe Debris	100 LF	X			
Bldg 93 Crawlspace	X			Pipe Insulation Debris	40 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 9-14-15		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 8-11-15			

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

Date of Notification (1) 08/12/2015		Name of Building Owner/Operator (2) The Village School, Inc.							
Agencies Notified	Type Notification	Street Address 100 West Prospect Street							
<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	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Waldwick, NJ 07463							
		Name of Contact Marilyn Larkin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Village School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 West Prospect Street		Square Feet 60,000	# of Floors 2						
City (5) Waldwick		Bldg. Age 1936							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCN No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 35E		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Fair Lawn, NJ 0741		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9144	License No. 01036						
Start Date (10) 08/15/2015	Scheduled Completion Date (11) 09/7/2015	Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Saturday: 7AM-4PM.</u>		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Crawlspace Above Auditorium		X	X	Pipe Insulation	320 LF	X			
Name of Registered Waste Hauler Atlantic Carting/JR Contracting		NJDEP Waste Hauler ID No. NJ-641/JA-464	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director		Signature 			Date 08/12/2015		

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

Date of Notification (1) August 12, 2015		Name of Building Owner/Operator (2) Sevenson Environmental Services, Inc. Check # N/A							
Agencies Notified	Type Notification	Street Address 2749 Lockport Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Niagara Falls, NY 14305							
		Name of Contact Mike Lacker	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Armstrong Building, Welsbach/GGM Superfund Site		Type of Facility (4)							
Street Address 160 Essex Street, Building #16		<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) Gloucester City		Square Feet 166,000	# of Floors 4						
		Bldg. Age 80							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 411 Southgate Court Suite E		Street Address 623 Cutler Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00842						
Start Date (10) July 20, 2015	Scheduled Completion Date (11) October 2, 2015	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		XXX		Debris	5,000 SF	X			
Throughout			XXX	Window Glazing	500 SF	X			
Throughout		XXX		Pipe Insulation	130 LF	X			
Throughout		XXX		Fitting Insulation	2 Each	X			
Name of Registered Waste Hauler SJ Transportation		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 80	Name of Registered Landfill US Ecology Idaho				
City, State Woodstown, NJ				Disposal Date 10/2/2015	City, State Grandview, ID				
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 8/12/2015				

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Throughout		X		Floor Tile and Mastic	2,000 SF	X
Throughout		X		Plaster	1,130 SF	X
Throughout		X		Tar Paper & Leveling Compound	3,600 SF	X
Throughout		X		Door & Window Caulking	110 LF	X

NO CK

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

2015 AUG 17 AM 8:32

Date of Notification (1) <u>8/12/15</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 Rt. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>209 MORNING GLORY AVE</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
City, State, Zip Code <u>WILDWOOD</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County (5) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		Telephone No. <u>956-771-0472</u>	
Project Manager for Monitoring Firm _____		License No. <u>00-11</u>	
Start Date (10) <u>8/31/15</u>	Scheduled Completion Date (11) <u>9/7/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe _____		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)

☒ 2" to 3" ☐ Renovation ☐ Full Containment with Negative Pressure
☒ 6" to 24" ☒ Demolition ☐ Min. Enclosure
☐ Glovebag Procedure
☒ Non-Exempted ("I") and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) in Facility (12)	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 (Specified SF or LF)	Material Type
	Yes	No	N/A			
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 SF</u>	<u>X</u>

Name of Registered Waste Hauler <u>KLEMM INC.</u>	NDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date _____	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOE KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>8-12-15</u>

NO CK

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

check 3752


Date of Notification (1) 8-13-15		Name of Building Owner/Operator (2) D. SOHA				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 176 WEST RAMAPO AVENUE City, State, Zip Code MAHWAH, NJ 07430 Telephone Number D. SOHA				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) D. SOHA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 176 WEST RAMAPO AVENUE		Square Feet 3000	# of Floors 3			
City (5) MAHWAH		Bldg. Age 90+ YRS				
County (6) BERGEN		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8) ASC M No.		Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 400 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 8-26-15	Scheduled Completion Date (11) 8-27-15	Name of Owner/Operator Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		City, State, Zip Code P. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Initial Enclosure <input checked="" type="checkbox"/> Working Procedure Class A (Type I) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Covered by Insulation/Covered and Sealed (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Amount of ACM (Specify SF or LF) (i.e. Square Footage of Asbestos, or Length of Linear Material, or other units, if any)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Encapsulate	Enclosure
BASAMENT	X	THERMAL INSULATION	165 SF	X		
BASAMENT	X	THERMAL INSULATION	30 LF	X		
Name of Registered Waste Hauler Best Removal Inc		N.J. Waste Hauler ID No. 17109	Name of Registered Landfill Minerva Enterprises, LLC	City, State Waynesburg, Oh, 44688		
City, State Hackensack, N.J. 07601		Date 8-27-15				
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 8-13-15			

ASB-41

* Do not use this form for asbestos abatement work on non-friable materials.

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

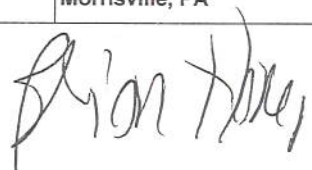
RECEIVED

Date of Notification (1) 08/13/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
Agencies Notified	Type Notification	Street Address 428 School Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 08608							
		Name of Contact Anthony D'Orsi							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mathew Jago School #28		Type of Facility (4)							
Street Address 99 Glen Cove Avenue		<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.)							
City (5) Sewaren		Square Feet 51,311	# of Floors 1						
County (6) Middlesex		Bldg. Age 1969							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	License No. 00408						
Start Date (10) 07/01/15	Scheduled Completion Date (11) 08/24/15	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg. #34A							
<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 Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Boiler Room	X			Pipe Fitting Insulation	44 LF	X			
Boiler Room	X			Boiler Insulation	150 SF	X			
Boiler Room	X			Boiler Breeching Insulation	660 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 			Date 08/13/15		

NO CK

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

PAPER 10

Date of Notification (1) 08-13-2015		Name of Building Owner / Operator (2) McGuire AFB							
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 (Courtesy Notification) <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2415 Vandenberg Avenue City, State & Zip Code McGuire AFB 08641 Name of Contact Jeff Boehne Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 2415		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 2415 Vandenberg Avenue		Square Feet 23,000	# of Floors 1						
City (5) McGuire AFB 08641	County (6) Burlington	Bldg. Age 45 years							
County Code (7)		Current Use (Prior if being demolished) Automotive repair shop							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address PO Box 365		Street Address 2115 Hamilton Avenue, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-839-2432	License Number 01185						
Scheduled Start Date (10) 8/26/2015	Scheduled Completion Date (11) 9/02/2015	Name of OSHA Monitor J&S Environmental Laboratories Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: 9:00AM – 5:00PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Automotive Repair Shop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automotive Repair Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	35 Each	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Hamilton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Brian Haney		Title: President		Signature 			Date 8-13-2015		

OK 3825

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

Date of Notification (1) 8-11-15

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

Street Address 300 7TH ST

City, State, Zip Code Sea Isle City NJ

Name of Contact FRANK

Telephone Number 1122

Agencies Notified

☐ EPA

☐ DEP

☐ DOL

☐ DOH

☐ DCA

Type Notification

☐ Initial

☐ Amended

☐ Amendment # 2

☐ Emergency (including Justice Center)

☐ Cancellation

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

Street Address 142-76th ST

City (5) Sea Isle City

County (6) Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)

☐ Subchapter S (Other than K-12)

☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Name of Abatement Firm Hired by Building Owner (8) ANI JUNE LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Delanco NJ 08025

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Telephone No.

License No.

Start Date (10) 8-21-15

Scheduled Completion Date (11) 8-25-15

Company Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Name of OSHA Monitor Self

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☐ 25 sf or 25 ft

☒ 2560 sf or 2500 ft

☐ Removal

☒ Enclosure

☐ Full Containment with Negative Pressure

☐ Full Enclosure

☐ Gloving Procedure

☒ Non-Enclosed (2) and Non-Freeze Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED SV 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 interventions)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<u>Outside</u>			<input checked="" type="checkbox"/>	<u>(ACM) Siding</u>	<u>2000 SF</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler ANI JUNE LLC

City, State Delanco NJ

Name of Registered Landfill WIM of PA

City, State Tullytown PA

Completed By JH11

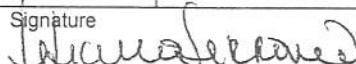
Title VP

Signature JH

Date

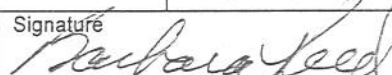
* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 8-10-2015		Name of Building Owner/Operator (2) Alicia Jones							
Agencies Notified	Type Notification	Street Address 702 Stuyvesant Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irvington, NJ 07111							
		Name of Contact Alicia Jones	Telephone Number 86						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 702 Stuyvesant 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) Irvington, NJ 07111		Square Feet 6000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 8-20-2015	Scheduled Completion Date (11) 8-22-2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	75 LF	X			
Kitchen		X		linoleum	150 SF	X			
Exterior		X		siding	4200 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Jersey City, NJ		Disposal Date 8-24-2015		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature 		Date 8-10-2015			

CK 2305

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

Date of Notification (1) 08/12/2015		Name of Building Owner/Operator (2) Mark S. Carelli Architect							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 697 Valley Road, Suite 2C							
		City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Mark S. Carelli Architect							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 305 Boyden Ave				Square Feet	# of Floors				
City (5) Maplewood, NJ 07040				Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No. _____		Name of Abatement Contractor (9) Be Construction Corporation					
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821		Telephone No. 973-669-2900	License No. 01231				
Start Date (10) 08/12/2015		Scheduled Completion Date (11) 08/12/2015		Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2512 W Cary Street City, State, Zip Code Richmond, VA. 23220					
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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
Crawl Space and Basement			X	Pipe Insulation	20LF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State West Orange, NJ				Disposal Date	City, State Tullytown, PA				
Completed by Barbara Reed		Title President		Signature 		Date 8/12/2015			

C/K 36869

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

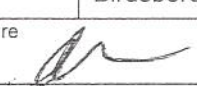
Date of Notification 0 8 1 1 1 5		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 7 WEST SEVENTH STREET		City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Tia Wenrich		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place BLOOMINGDALES STORE - WILLOWBROOK MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 100 ROUTE 46			SF of Bldg. 1 MILLION + SF	# Floor 3	Age of Bldg. 50+
City WAYNE	County BERGEN	County Code State use Only	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSCIATES INC			Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 515 GROVE STREET SUITE 1B			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code HADDEN HEIGHTS, NJ 08035			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED			Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 8 28 2015		Scheduled Completion Date 9 1 2015		Name of OSHA Monitor EMSL ANALYTICAL	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:30PM TO 7:00AM Other - Describe:			Street Address 307 WEST 38TH STREET		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility 1ST FLOOR MER ROOM		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed PIPE FITTING	Amount to be Removed (Specify SF/LF) 40 LF
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC
City, State BRONX, NY		Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO	
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER		Signature <i>Anita Smolar</i>	Date 8/11/15

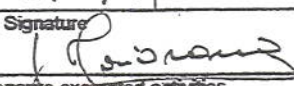
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 14/1/17

Date of Notification (1) 8/12/15		Name of Building Owner/Operator (2) Saint Peter the Apostle Church							
Agencies Notified	Type Notification	Street Address 179 Baldwin Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact Sara Fourounjian	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) All Saints Academy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 189 Baldwin Road		Square Feet 2500	# of Floors 3						
City (5) Parsippany		Bldg. Age 60							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 300 Grand Avenue		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	License No. 703						
Start Date (10) 8/21/15	Scheduled Completion Date (11) 9/21/15	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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 108			x	9"x9" floor tile & mastic	750 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/12/15			

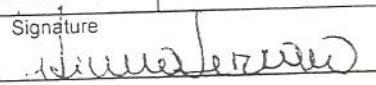
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CIC
5747

Date of Notification (1) 8/12/15		Name of Building Owner/Operator (2) CALVARY EPISCOPAL CHURCH	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 WOODLAND AVE	
		City, State, Zip Code SUMMIT, NJ, 07901	
		Name of Contact MR. SCHIRM	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CALVARY EPISCOPAL CHURCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 31 WOODLAND AVE		Square Feet 15500	# of Floors 1
City (5) SUMMIT		Bldg. Age 1895	
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CHURCH
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address ??		Street Address 450 S. River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 8/21/15	Scheduled Completion Date (11) 8/22/15	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7th to 5th		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
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 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)
	Yes	No	
BASEMENT			Y THERMAL SYSTEM INSULATION
			145 LF
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 2/209
City, State Hackensack, N.J. 07601		Name of Registered Landfill Cumberland County Landfill	
Disposal Date 8/22/15		City, State Newburgh, PA. 17240	
Completed by J. Maiorano	Title Estimator	Signature 	Date 8/12/15

CK 1573

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

Date of Notification (1) 8-7-2015		Name of Building Owner/Operator (2) Rebecca Belton							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Webster Avenue							
		City, State, Zip Code Jersey City, NJ 07307							
		Name of Contact Nick Belton	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 40 Webster Avenue		Square Feet 1873	# of Floors 2						
City (5) Jersey City, NJ 07307		Bldg. Age 70+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 8-8-2015	Scheduled Completion Date (11) 8-8-2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ		Disposal Date 8-10-2015		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature 				Date 8-7-2015	

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

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

CK 5750

Date of Notification (1) 8/13/15		Name of Building Owner/Operator (2) MR. JOE SOKOLOWSKI				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 106 HOBART AVE				
		City, State, Zip Code SUMMIT . NJ				
		Name of Contact MR. SOKOLOWSKI	Telephone Number 9 - - - - 757			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. SOKOLOWSKI		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 106 HOBART AVE		Square Feet 3000	# of Floors 2			
City (5) SUMMIT		Bldg. Age 110 YEARS				
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address ??		Street Address 450 S. River St				
City, State, Zip Code		City, State, Zip Code Hackensack , N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 8/25/15	Scheduled Completion Date (11) 8/26/15	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Street Address 280 Huyler St.				
		City, State, Zip Code S. Hackensack , N.J. 07606				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> 23 sf or 23 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) BASMENT BASMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 68 LF 64 SF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.07	Name of Registered Landfill Cumberland County Landfill		
City, State Hackensack , N.J. 07601		Disposal Date 8/26/15	City, State Newburgh , PA. 17240			
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 8/13/15			

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

Date of Notification (1) 8-12-15		Name of Building Owner/Operator (2) Kathy Griffin	
Agencies Notified	Type Notification	Street Address 165 Pine Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kathy Griffin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-21-15 Month Day Year	Sched. Completion Date (11) 8-24-15 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	240 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-25-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 8-12-15		

87/29/2015 14:20 8568854110

QUALITYENVIRONMENTAL

PAGE 02/04

Print Form

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

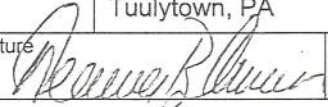
Check 7147

Date of Notification (1) 07-29-2015		Name of Building Owner/Operator (2) Residential Dwelling					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 813 Lambs Road (Gloucester Co.) City, State, Zip Code Mullica Hill, New Jersey					
		Name of Contact Anthony Causerano	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 813 Lambs Road		Square Feet 1850	# of Floors 1 1/2				
City (5) Mullica Hill		Bldg. Age 50+ yrs					
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None	Name of Abatement Contractor (9) Quality Environmental Concepts				
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road					
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094					
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-829-1188	License No. 01088				
Start Date (10) 07-31-2015	Scheduled Completion Date (11) 07-31-2015	Name of OSHA Monitor Quality Environmental Concepts					
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 Other - Describe:		Street Address 1053 North Tuckahoe Road					
		City, State, Zip Code Williamstown, New Jersey 08094					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 190 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
Crawlspace area off of basement		Asbestos cloth	85sf	<input checked="" type="checkbox"/>			
		wrap on ductwork					
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 4cy	Name of Registered Landfill Gloucester County Solid Waste			
City, State Williamstown, New Jersey		Disposal Date 8-4-15	City, State S. Harrison Twp. NJ				
Completed by: Edward Knorr	Title Vice President	Signature Edward Knorr	Date 07-29-15				

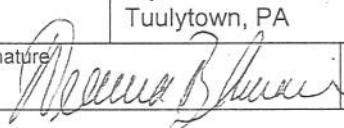
CK 113 369944

Print Form

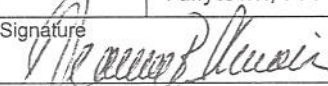
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/10/15		Name of Building Owner/Operator (2) Sandy Claghorn		2015 AUG 17 09:37	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		300 East 56th Street, Apt 22J	
				City, State, Zip Code New York, NY 10022	
		Name of Contact Sandy Claghorn		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)	
Street Address 18 Country Club Drive				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Chatham				Square Feet N/A	# of Floors N/A
County (6) Morris				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address				Street Address 11 Rosengren Avenue	
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 8/24/15		Scheduled Completion Date (11) 8/25/15		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>				City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
garage		X		duct insulation	80 SF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD		City, State Tuulytown, PA	
Completed by Deanna Brkusanin		Title Project Manager		Signature 	Date 8/10/15

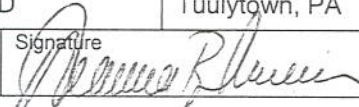
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/10/15		Name of Building Owner/Operator (2) Mario Bertani							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 19 Farrington Street							
		City, State, Zip Code West Caldwell, NJ 07006							
		Name of Contact Mario Bertani	Telephone Number 705						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 19 Farrington Street		Square Feet N/A	# of Floors N/A						
City (5) West Caldwell		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 8/25/15	Scheduled Completion Date (11) 8/26/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		duct insulation	120 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tuulytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 8/10/15			

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

Date of Notification (1) 7/29/15		Name of Building Owner/Operator (2) Doug Angoff							
Agencies Notified	Type Notification	Street Address 247 Underhill Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Doug Angoff	Telephone Number 9 _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 247 Underhill Road		Square Feet N/A	# of Floors N/A						
City (5) South Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 8/26/15	Scheduled Completion Date (11) 8/27/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	115 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 7/29/15			

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

Date of Notification (1) 8/10/15		Name of Building Owner/Operator (2) Jeff Romanowski							
Agencies Notified	Type Notification	Street Address 28 Ball Terrace							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Jeff Romanowski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 Ball Terrace		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
		License No. #00675							
Start Date (10) 8/28/15	Scheduled Completion Date (11) 8/29/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		duct insulation	130 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tuulytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 8/10/15		

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

CK 5823

Date of Notification (1) 8/13/15		Name of Building Owner/Operator (2) MR. FLATLEY					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 83 SCHAALENBURG					
		City, State, Zip Code HAWORTH, NJ. 07641					
		Name of Contact MR. FLATLEY	Telephone Number 201-941-1111				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. FLATLEY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 83 SCHAALENBURG		Square Feet 2100	# of Floors 2				
City (5) HAWORTH		Bldg. Age 85 YEARS					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 S. River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 8/28/15	Scheduled Completion Date (11) 8/29/15	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
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 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
CRAWL SPACE				SOLE	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 CY	Name of Registered Landfill Cumberland County Landfill			
City, State Hackensack, N.J. 07601		Disposal Date 8/29/15	City, State Newburgh, PA. 17240				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 8/13/15			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

check 5751

Date of Notification (1) 8-13-2015		Name of Building Owner/Operator (2) W. COYLE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 PARKWAY	2015 AUG 17 AM 8:46
		City, State, Zip Code MAYWOOD, NJ 07607	Telephone Number 1
Name of Contact W. COYLE			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) W. COYLE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 125 PARKWAY		Square Feet 1900	# of Floors 2
City (5) MAYWOOD		Bldg. Age 70 YRS	
County (6) BERGEN		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) 8-24-2015		Scheduled Completion Date (11) 8-25-2015	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Name of Lead Monitor Omega Environmental	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 280 Huyler St	
		City, State, Zip Code Hackensack, N.J. 07606	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Shallow Procedure <input type="checkbox"/> Full Enclosed ("A") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	In Location Identified by Laboratory/ Certified Staff? (12)	Type of ACM (i.e., floor tile, pipe insulation, etc.)	Amount (Specify SF or LF)
	Yes No P.A.		
BASEMENT	X	THERMAL INSULATION	135 LF X
Name of Registered Waste Hauler Best Removal Inc		Waste Hauler ID No. 17109	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Waste Hauler 112 YD	City, State Waynesburg, Oh, 44688
Completed by A. VELDRA	Title Estimator	Signature R. Veldran	Date 8-13-2015

ASB-41

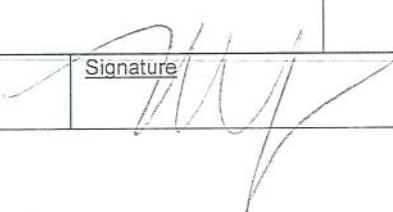
* Do not use this form for asbestos removal or abatement activities.

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

CK 5754

Date of Notification (1) 8/13/15		Name of Building Owner/Operator (2) MR. DENNIS KELEHEN						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 116 KENILWORTH BLVD						
		City, State, Zip Code CRANFORD, NJ, 07016						
		Name of Contact MR. KELEHEN						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. KELEHEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 116 KENILWORTH BLVD		Square Feet 2000	# of Floors 2					
City (5) CRANFORD		Bldg. Age 80 YEARS						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 9/2/15	Scheduled Completion Date (11) 9/3/15	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 6PM		Street Address 280 Huyler St						
		City, State, Zip Code S. Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
BASEMENT			<input checked="" type="checkbox"/>	VAT + MASTIC	395 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2 CY	Name of Registered Landfill Cumberland County Landfill				
City, State Hackensack, N.J. 07601		Disposal Date 9/3/15		City, State Newburgh, PA. 17240				
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>			Date 8/13/15	


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

Date of Notification (1) 08/12/15		Name of Building Owner/Operator (2) Delaware Valley Regional High School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 19 Senator Stout Road		City, State, Zip Code Frenchtown, NJ 08825	
Name of Contact Mrs. Daria Wasserbach		Telephone Number)	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Delaware Valley Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors: Bldg. Age: 1960's Current Use (prior if being demolished): High School	
Street Address 19 Senator Stout Road			
City (5) Frenchtown	County (6) Hunterdon	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASC No.	
Street Address		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City, State, Zip Code		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		City, State, Zip Code Stockton, NJ 08559	
Telephone Number		Telephone Number P (732)926-0900	
License Number 01237			
Scheduled Start Date (10) 08/14/15		Scheduled Completion Date (11) 09/05/15	
Name of OSHA Monitor IAQ GURU LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Mon-Sat 7:00 -3:30		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior of Building	<input checked="" type="checkbox"/>	Window Glaze & Caulk	2970 LF
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Landfill
Disposal Date		City, State Allentown, PA	
Completed by (Print or Type) Mark M Jovic	Title Consultant	Signature 	Date

Emergency

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

CK 5019

Date of Notification (1) 8/12/15		Name of Building Owner/Operator (2) Megan Patterson Private Home							
Agencies Notified	Type Notification	Street Address 116 Old Whaling Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Bob	Telephone Number 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Megan Patterson Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 116 Old Whaling Rd.		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/13/15	Scheduled Completion Date (11) 8/17/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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 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
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/17/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/12/15		

CK 3703

Print Form

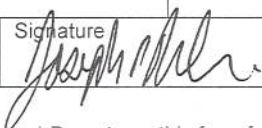
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08/14/15		Name of Building Owner/Operator (2) MSL MANAGEMENT		2015 AUG 17 AM 8:50					
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 P.O. BOX 221 City, State, Zip Code LAKEWOOD, NJ 08701 Name of Contact GOLDIE ROBERTS Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 695-701 PARKWAY AVENUE City (5) EWING, NJ County (6) MERCER COUNTY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) MULTI FAMILY					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		City, State, Zip Code		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078 License No. 1200					
Start Date (10) 08/24/15		Scheduled Completion Date (11) 08/24/15		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥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
CRAWL SPACE				ACM PIPE INSULATION	200 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5 YARDS		Name of Registered Landfill IESI			
City, State NEWARK, NJ				Disposal Date 08/24/15		City, State BETHLEHEM PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 08/14/15			

CK 13953

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

Date of Notification (1) AUGUST 13, 2015			Name of Building Owner/Operator (2) FOX AND FOXX DEVELOPMENT, LLC						
Agencies Notified		Type Notification	Street Address 940 AMBOY AVENUE, SUITE 101						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON, NJ 08837						
			Name of Contact JIM WIRKOWSKI						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FOX & FOXX DEVELOPEMENT PROPERTY				Type of Facility (4)					
Street Address 11 SYDNEY AVENUE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) METUCHEN				Square Feet 1536 SF	# of Floors 1				
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) FORMER RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.				
Street Address			Street Address 580 Broadway, Unit a						
City, State, Zip Code			City, State, Zip Code Long Branch, NJ 07740						
Project Manager for Monitoring Firm N/A			Telephone No. _____		License No. 00040				
Start Date (10) 8/24/15		Scheduled Completion Date (11) 8/25/15		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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	VAT	228 SF	X			
BASEMENT			X	PRESUMED AC SHEET VINYL	50 SF	X			
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS			NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 3 CY	Name of Registered Landfill TULLYTOWN LANDFILL			
City, State LONG BRANCH, NJ			Disposal Date 8/26/15		City, State TULLYTOWN, PA				
Completed by JOSEPH P. MILLER			Title PRESIDENT		Signature 		Date 8/13/15		