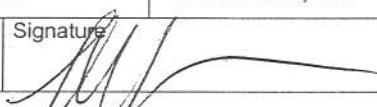


CK 1189

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) Revolution Foods							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8393 Capwell Drive							
		City, State, Zip Code Oakland, CA 94621							
		Name of Contact Mark Allison	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Revolution Foods New Jersey Culinary Center		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 50-60 Parkway Place		Square Feet	# of Floors						
City (5) Edison, NJ 08837		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 08 / 14 / 15	Scheduled Completion Date (11) 09 / 30 / 15	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 27 Outwater Lane							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Garfield, NJ 07026							
		<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
Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	4000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Raymond Blum	Title Project Manager		Signature 			Date 8-13-15			

CK 100170

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

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) Thermo Fisher Scientific	
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 755 Rt 202		City, State, Zip Code BRIDGEWATER, NJ 08807	
Name of Contact BRYAN PALADINI		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Thermo Fisher Scientific		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 755 Rt 202		Square Feet 300,000	# of Floors 1
City (5) BRIDGEWATER		Bldg. Age 32	
County (6) SOMERSET		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) ELI		Name of Abatement Contractor (9) JW Heritage Construction Services Inc	
Street Address 655 West Shore Trail		Street Address PO BOX 372	
City, State, Zip Code SPARTA, NJ		City, State, Zip Code HACKETTSTOWN, NJ 07841	
Project Manager for Monitoring Firm Bill Kenzel		Telephone No. 908-453-3255	License No. 00486768
Start Date (10) 8/22/15	Scheduled Completion Date (11) 8/23/15		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor ELI	
		Street Address _____	
		City, State, Zip Code _____	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input 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
LAB		<input checked="" type="checkbox"/>		TRANSITE HOOD	100 sqft	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler By Building Owner		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill _____
City, State _____		Disposal Date _____		City, State _____
Completed by John Washam Jr	Title President	Signature <i>John Washam Jr</i>	Date 8/11/15	

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2489

Date of Notification (1) 08 / 07 / 15		Name of Building Owner / Operator (2) HOFFMAN LAROCHE, INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact TOM AIELLO		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE		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 bldgs., homes, etc.)	
Street Address 340 KINGSLAND AVENUE		Building Age	
City (5) CLIFTON	County (6) PASSAIC	County Code (7)	Square Feet
			# Of Floors
		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EMILCOTT ASSOCIATES, INC. / EHI		ASCM NO N/A	
Street Address 190 PARK AVE / 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code MORRISTOWN, NJ 07960 / SPARTA, NJ 07871		Street Address 32 WILLIAMS PARKWAY	
Project Mngr. For Monitoring Firm DAVID TOMSEY / BILL KIRBIL		City, State, Zip Code EAST HANOVER, NJ 07936	
Telephone Number 973-538-1110/729-5649		Telephone Number 973-772-3660	
Sched. Completion Date (11) 08 / 18 / 15		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <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: <u>MON-FRI 7:00AM-5:00PM</u>		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 WILLIAMS PARKWAY	
		City, State, Zip Code EAST HANOVER, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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)	Abatement Type
	YES NO N/A		R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
IA10 EXTERIOR SOIL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	NON FRIABLE SOIL	10,000C.Y. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. NJ-750	Name of Registered Landfill WASTE MANAGEMENT
City, State EAST HANOVER, NJ		Disposal Date	City, State TULLYTOWN, PA
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i> Date 08/14/15

CR# 2858

Construction
AUG 17 AM 11:28
& LICENSING

Date of Notification (1)
08/13/15

Name of Building Owner/Operator (2)
Newark Public Schools

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Douglas Bland, Bus. Admin.

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification
☐ Initial Notification
☒ Amended Notification
☐ Cancellation

Telephone Number
2015 AUG 18 AM 8:09

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lafayette Street Elementary School

Street Address
205 Lafayette St.

City (5)
Newark, NJ 07105

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
55000

of Floors
4

Bldg. Age
80

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Whitman Companies, Inc.

ASCM No.
00110

Name of Abatement Contractor (9)
Four Strong Builders, Inc.

Street Address
180 Sargeant Avenue

City, State, Zip Code
Clifton, NJ 07013-1935

Telephone Number
973-614-0377

License Number
00807

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5858

Scheduled Start Date (10)
08/21/15

Sched. Completion Date (11)
08/25/15

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

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Boiler Room	<input checked="" type="checkbox"/>			Pipe Insulation including elbows & joints	25 LF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>			Tank Insulation	50 SF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>			Small Breech Insulation	70 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler
Four Strong Builders, Inc.

NJDEP Waste Hauler ID No.
12609

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S., Inc.

City, State
Clifton, NJ

Disposal Date
Tullytown, PA

Completed By (Print or Type)
Bilyana Kulakovska

Title
Office Administrator

Signature

Date
8/13/15

CK 11766

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

2015 AUG 12 11:08:08

Date of Notification (1) August 12, 2015		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA x DOL <input checked="" type="checkbox"/> DEP x DOH		Notification Type Initial Notification X Amendment # 1 Emergency (including justification)	
Street Address 223 North Van Dien Avenue		City, State, Zip Code Ridgewood, NJ 07450-2736	
Name of Contact William Stasiak		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Cheel 4th Floor Patient Rooms		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.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	
Street Address 28 Washington Street		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Ballston Spa, NY 12020		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Jim Miades		Telephone Number 347.435.3561	License Number 00840
Scheduled Start Date (10) August 6, 2015		Scheduled Completion Date (11) September 30, 2015	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 8am-5pm		Name of OSHA Monitor EMSL inc.	
Street Address 1056 Stelton Road		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260			
Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Cheel 4 th Floor Patient Rooms	<input checked="" type="checkbox"/>	VAT & Mastic	3,000 SF
Cheel Lower Level OR Decontamination Room	<input checked="" type="checkbox"/>	VAT & Mastic	440 SF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date September 30, 2015	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date August 12, 2015

GAC # 2015-510- Amendment # 1 - Additional 440 sf VAT & Mastic

CK 11764 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) August 12, 2015			Name of Building Owner/Operator (2) Berkeley College		
Agencies Notified X EPA x DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 44 Rifle Camp Road	
				City, State, Zip Code Woodland Park, NJ 07424	
				Name of Contact Mark Wagener	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Berkeley College- Garett Hall-4th Floor			Type of Facility (4) <input type="checkbox"/> School (K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years		
Street Address 44 Rifle Camp Road			Current Use (prior if being demolished):		
City (5) Woodland Park	County (6) Passaic	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 20-21 Wagaraw Road, Bldg # 35E			Street Address 268 MAIN STREET		
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) August 22, 2015		Scheduled Completion Date (11) September 5, 2015		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-1am NJ Sub 8- Occupied			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, NJ 08854		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition		x Full Containment with Negative Pressure Mini-Enclosure with negative air Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut	
Location of Asbestos-Containing Material (ACM) in Facility (13) 4th Floor	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	Amount (Specify SF or LF) 2,400 SF	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill Meadowfill Landfill		
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561			Disposal Date September 5, 2015		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551					
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date August 12, 2015		

GAC # 2015-512

Emergency

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

CK 5023

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) Robert Kopnicki Private Home							
Agencies Notified	Type Notification	Street Address 740 Princeton Ave							
<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 Brick NJ 08724							
		Name of Contact Allie	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Kopnicki 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 740 Princeton Ave		Square Feet 1000+	# of Floors 2						
City (5) Brick NJ 08724		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) 8/17/15	Scheduled Completion Date (11) 8/21/15	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
1st floor			x	Floor tile	600 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 8/21/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/14/15		

Aug 14 2015 09:44am

P001/001

08/14/2015 09:44AM 9736381778

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

MO#22742799996

Emergency Notification

Date of Notification (1) 08 / 14 / 15		Name of Building Owner/Operator (2) David Rembish		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Rembish</i> (signature) Date: 8/14/15 Time: 9:39 AM					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> PCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 29 St Thomas Avenue		City, State, Zip Code Toms River, NJ 08753		Telephone Number 7.					
Name of Contact Robert Fisher									
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 29 St Thomas Avenue			Square Feet						
City (5) Toms River, NJ 08753			# of Floors						
County (6) Ocean			Bldg. Age						
County Code (7) (STATE USE ONLY) 00000			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)					
Street Address				Gr Tech LLC					
City, State, Zip Code				576 Valley Rd #283					
Project Manager for Monitoring Firm		Telephone No.		Telephone No.					
				973-638-1777					
Start Date (10) 08 / 15 / 15		Scheduled Completion Date (11) 08 / 17 / 15		License No. 01127					
Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Road, Bldg. #35E							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite siding	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc.			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) NJeytic		Title Owner		Signature <i>Paul C. Rembish</i>		Date 08/14/2015			

ASB-21

MAY 11

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

Aug 13 2015 12:56pm

P001/001

MO#22742799985

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Emergency Notification

Date of Notification (1) 08 / 13 / 15		Name of Building Owner/Operator (2) Elizabeth Harbison		<div style="border: 1px solid black; padding: 5px;"> APPROVED N.J. Dept. of Health & Senior Services <i>Robert C. Holmer</i> (signature) Date: 8/13/15 Time: 12:56 PM </div>			
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 305 1st Street City, State, Zip Code Keyport, NJ 07735 Name of Contact Robert Fisher	
						Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 305 1st Street City (5) Keyport, NJ 07735 County (6) Monmouth				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____			
County Code (7) (STATE USE ONLY) Monmouth		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address _____		Street Address _____					
City, State, Zip Code _____		City, State, Zip Code _____					
Project Manager for Monitoring Firm _____		Telephone No. _____		License No. _____			
Start Date (10) _____		Scheduled Completion Date (11) _____		Name of OSHA Monitor _____			
08 / 14 / 15		08 / 17 / 15		Envirovision Consultants, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 150 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure			
Location of Asbestos-Containing Material(s) (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Exterior siding		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Transite siding			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD			
Completed By (Print or Type) N. Jevti		Title Owner		Name of Registered Landfill T.R.R.F. Inc. City, State Tullytown, PA			
Signature <i>N. Jevti</i>		Signature <i>Robert C. Holmer</i>		Date 08/13/2015			

AS8-41
MAY 11

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

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

B & G proj. #: 2015-147

*** EMERGENCY ***

Check # 7346

Date of Notification (1) 08/14/15		Name of Building Owner/Operator (2) Fair Lawn BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 37-01 Fair Lawn Avenue	
		City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact Tom Senko	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Thomas Jefferson Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 35-01 Morlot Avenue			Square Feet # of Floors Bldg. Age		
City (5) Fair Lawn, NJ 07410	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road, Building 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/17/2015		Sched. Completion Date (11) 08/21/2015	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 225			X	VAT & Mastic	504 SF	X			
Room 224			X	VAT & Mastic	504 SF	X			
Room 210			X	VAT & Mastic	640 SF	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 008/21/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/14/2015

VIA U.S. MAIL
Ch# 1129

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

2015 AUG 13

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) RECON SERVICES LLC							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 218							
		City, State, Zip Code Rocky Hill N.J. 08553							
		Name of Contact Mrs HOPE							
		Telephone 703-207-0001							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 65 MORRELL ST		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 65 MORRELL ST		Square Feet 3,000	# of Floors 2						
City (5) NEW BRUNSWICK N.J.		Bldg. Age 80							
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSEH						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC							
Street Address		Street Address P.O. Box 814							
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857							
Project Manager for Monitoring Firm		Telephone No. 732 238-7500	License No. 00806						
Start Date (10) 8/23/15	Scheduled Completion Date (11) 9/23/15	Name of OSHA Monitor NOVATECH INC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 23 sf or < 3 ft <input type="checkbox"/> > 160 sf or > 260 ft		City, State, Zip Code OLD BRIDGE N.J. 08857							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (F) and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Prohibit
BASEMENT			X	PIPE INSULATION	2100 LF	X			
DINING ROOM			X	FLOOR TILE 9x9	250 SF	X			
2nd Floor Bal Room			X	FLOOR TILE 12x12	230 SF	X			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State OLD BRIDGE N.J. 08857		Disposal Date 9/24/15		City, State MORRISTOWN PA		Date 8/14/15			
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature (Signature)					

* Do not use this form for asbestos licensure exempted activities

U/A U.S. Mail
ch# 1130

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

2015 AUG 15 10:41

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) RECON SERVICES LLC	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 218	
		City, State, Zip Code ROCKY HILL NO. 08553	
		Name of Contact MRS HOPE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 58 RAY ST		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.)	
City (5) NEW BRUNSWICK NJ		Square Feet 3000	# of Floors 2
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Bldg. Age 80	
Current Use (Prior if being demolished) HOUSE			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC	
Street Address		Street Address P.O. Box 814	
City, State, Zip Code		City, State, Zip Code OLD BRIDGE NJ 08857	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 238x7500	License No. 00806
Start Date (10) 8/23/15	Scheduled Completion Date (11) 9/23/15	Name of OSHA Monitor NOVATECH INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814	
		City, State, Zip Code OLD BRIDGE NJ 08857	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.	
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
2nd Floor Boys Bathroom			FLICKER TILE 9x9
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2
City, State OLD BRIDGE NJ 08857		Disposal Date 9/24/15	Name of Registered Landfill G.P.O.W.S.
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature [Signature]
			Date 8/14/15

VIA U.S. Mail
ch# 1131

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

2015 AUG 18 10:40

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) MONARCH HOYES								
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 Woodbridge Ave								
		City, State, Zip Code HIGHLAND PARK N.J. 08904								
		Name of Contact MR JONATHAN TIGER								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 320 Wychwood Road		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.)								
City (5) WESTFIELD N.J.		Square Feet 3,500	# of Floors 1							
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 65							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) HOUSE								
Street Address		Name of Abatement Contractor (9) NOVATECH INC								
City, State, Zip Code		Street Address P.O. Box 814								
Project Manager for Monitoring Firm		City, State, Zip Code OLD BRIDGE N.J. 08857								
Telephone No.		Telephone No. 732 238-7500	License No. 00806							
Start Date (10) 8/23/15	Scheduled Completion Date (11) 9/23/15	Name of OSHA Monitor NOVATECH INC								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code OLD BRIDGE N.J. 08857								
<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"/> Encasement Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure.								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Prohibit	
BASEMENT			X	FLOOR TILE 9x9	2150 SF	X				
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. P.A.						
City, State OLD BRIDGE N.J. 08857		Disposal Date 9/24/15		City, State HONOLULU P.A.						
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]		Date 8/14/15				

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

CK 5755

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) MS. SUSAN GRUBER				
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 33 RUMSON RD				
		City, State, Zip Code LIVINGSTON, NJ. 07039				
		Name of Contact MS. GRUBER	Telephone Number 5			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. GRUBER		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 33 RUMSON RD		Square Feet 2500	# of Floors 2			
City (5) LIVINGSTON		Bldg. Age 75 YEARS				
County (6) ESSEX	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) 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) 8/27/15	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 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) BASEMENT	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) VAT	Amount (Specify SF or LF) 1180 SF	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 407	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 8/14/15			

Via U.S. Mail
ch# 1128

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

2015 AUG 18

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) RECON. SERVICE LLC						
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 218						
		City, State, Zip Code Rocky Hill MD. 08553						
		Name of Contact YES HOPE						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		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 61 Morrell St		Square Feet 2000	# of Floors 2					
City (5) NEW BRUNSWICK NJ		Bldg. Age 80						
County (6) Middlesex		County Code (7) (STATE USE ONLY) HOUSE						
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.	License No.					
Start Date (10) 8/23/15		Scheduled Completion Date (11) 9/23/15						
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 NOVATECH INC						
		Street Address P.O. Box 814						
		City, State, Zip Code Old Bridge NJ. 08857						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" 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"/> Stovebag 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			X	PIPE INSULATION	26 LF	X		
Name of Registered Waste Hauler NOVATECH INC				NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 18501	Name of Registered Landfill G.R.O.W.S.		
City, State Old Bridge NJ. 08857				Disposal Date 9/24/15	City, State HARRISBURG PA	Date 8/14/15		
Completed by Carlos Almeida				Title PRESIDENT	Signature [Signature]	Date 8/14/15		

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

Check#2267

Date of Notification (1) 08 / 14 / 15		Name of Building Owner/Operator (2) Ray Sliva							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 918 Ray Avenue							
		City, State, Zip Code Union, NJ 07083							
		Name of Contact Ray Sliva							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 918 Ray Avenue		Square Feet							
City (5) Union, NJ 07083		# of Floors							
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 08 / 24 / 15	Scheduled Completion Date (11) 08 / 25 / 15	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		City, State, Zip Code Fair Lawn, NJ 07410							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>			Date 08/14/2015		

ASB-41

MAY 11

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

CK 3824

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:170)

Date of Notification (1) 8-13-15		Name of Building Owner/Operator (2) National Restoration	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of 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 1001 Lower Landing Rd	
		City, State, Zip Code Blackwood NJ 08012	
		Name of Contact John Nixon	Telephone Number 609-683-1111
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		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 716 Tanyard Rd		Square Feet 2800	
City (5) Deptford NJ 08046		# of Floors 1	
County (6) Camden		Bldg. Age 15	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ANI Jure LLC		Name of Abatement Contractor (9) ANI Jure LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08025	
Project Manager for Monitoring Firm		Telephone No. 856-570-0971	License No. 01070
Start Date (10) 8-23-15	Scheduled Completion Date (11) 8-30-15	Name of OSHA Monitor Self	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> < 25 sf or < 25 ft <input checked="" type="checkbox"/> ≥ 250 sf or ≥ 250 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fabric Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) OUTSIDE	Is Location Normally Used Safely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2800 SF
		(ACM) Siding	✓
Name of Registered Waste Hauler ANI Jure LLC	NJP Waste Hauler ID No. 00055625	Cubic Yards of Waste	Name of Registered Landfill WM of PA
City, State Delanco NJ	Disposal Date	City, State Jollytown PA	
Completed By JH11	Title VP	Signature JH	Date 8-13-15

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

OK 3827

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:130)

Date of Notification (1) <u>8-14-15</u>		Name of Building Owner/Operator (2) <u>Rutgers University</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>201 MULICA HILL RD</u> City, State, Zip Code <u>GLASSBORO NJ 08028</u>	
Name of Facility Where Abatement is Taking Place (3) <u>Esby Hall</u>		Name of Contact <u>J Glass</u>	Telephone Number
FACILITY INFORMATION			
Street Address <u>201 Mullica Hill Rd</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
City (5) <u>Glassboro NJ 08028</u>	County (6) <u>Sbusten</u>	Square Feet	# of Floors <u>2</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>TTI</u>		County Code (7) (STATE USE ONLY)	Edg. Age
Street Address <u>1253 N Church St</u>		ASDM No.	Current Use (Prior if being demolished)
City, State, Zip Code <u>Moorestown NJ 08057</u>	Telephone No. <u>956-846 8800</u>	Name of Abatement Contractor (9) <u>Ani Joe LLC</u>	
Project Manager for Monitoring Firm <u>J Hines</u>		Street Address <u>1212 Burlington Ave</u>	
Start Date (10) <u>8-14-30</u>	Scheduled Completion Date (11) <u>8-30-15</u>	City, State, Zip Code <u>Delanco NJ 08075</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Telephone No. <u>609 344 0516</u>	License No. <u>01076</u>
Scope of Work (Check all that apply) <input type="checkbox"/> 25 sf or 25 ft <input checked="" type="checkbox"/> 2500 sf or 2500 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure		Name of OSHA Monitor <u>Self</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>COACH OFFICE</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>FLOOR TILE</u>	Amount (Specify SF or LF) <u>2300 SF</u>
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> Removal	
Name of Registered Waste Handler <u>Ani Joe LLC</u>		Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>WM of PA</u>
City, State <u>Delanco NJ</u>	NDEP Waste Handler ID No. <u>0038635</u>	Disposal Date <u>8/17</u>	City, State <u>Tullytown PA</u>
Completed By <u>J Hines</u>	Signature <u>VP</u>	Signature <u>[Signature]</u>	Date <u>8-14-15</u>

* 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)

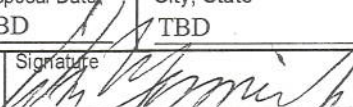
CR

5022

Date of Notification (1) 8/13/15		Name of Building Owner/Operator (2) Susan Bukowsky Private Home							
Agencies Notified	Type Notification	Street Address 104 East Dory Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Little Egg Harbor NJ 08020 08087							
		Name of Contact Susan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Susan Bukowsky 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 104 East Dory Drive		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08020 08087		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) 8/14/15	Scheduled Completion Date (11) 8/19/15	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	1000 sf	x			
Name of Registered Waste Hauler United Containers		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 8/19/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 8/13/15		

CK 1584


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

Date of Notification (1) <u>8/12/15</u>		Name of Building Owner/Operator (2) <u>William Padilla</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>313 W. Maiden Lane</u>							
		City, State, Zip Code <u>Somerdale, NJ</u>							
		Name of Contact <u>William Padilla</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>313 W. Maiden Lane</u>		Square Feet <u>2100</u>	# of Floors <u>2</u>						
City (s) <u>Somerdale, NJ</u>		Bldg. Age <u>40 yrs</u>							
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>300 S. Lenola Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>8/22/15</u>	Scheduled Completion Date (11) <u>8/27/15</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 Lenola Road</u>							
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> >160 sf or >260 If		<input checked="" type="checkbox"/> Renovation 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) <u>150 sf</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Other
Kitchen			X	Floor Tiles	150 sf	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 			Date <u>8/12/15</u>				

CK 5024


Print Form

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


Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) Mick Duncan private home							
Agencies Notified	Type Notification	Street Address 4531 Asbury Av.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ocean City NJ 08226							
		Name of Contact Mick	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mick Duncan private home		Type of Facility (4)							
Street Address 4531 Asbury Av.		<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) Ocean City NJ 08226		Square Feet 1000+	# of Floors 1						
		Bldg. Age 35+							
County (6) Cape May	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.	License No.						
		856-753-9800	00727						
Start Date (10) 8/27/15	Scheduled Completion Date (11) 9/2/15	Name of OSHA Monitor Same							
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 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	2000 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 9/2/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/14/15		

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

CK 5025.

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) Wentzheimer Private Home							
Agencies Notified	Type Notification	Street Address 28 North 16th Street							
<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 Surf City NJ 08008							
		Name of Contact Jeff	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wentzheimer 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 28 North 16th Street		Square Feet 1000+	# of Floors 1						
City (5) Surf City 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.	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 8/17/15	Scheduled Completion Date (11) 8/21/15	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 8/21/15	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/14/15			

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

Date of Notification (1) 8/13/2015		Name of Building Owner/Operator (2) The Chemours Company FC LLC							
Agencies Notified	Type Notification	Street Address Chemours-Repauno Site 200 N. Repauno Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Gibbstown, NJ 08027							
		Name of Contact C/O Duane Reese							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chemours-Repauno Site		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 North Repauno Ave.		Square Feet ~50,000							
City (5) Gibbstown		# of Floors 1	Bldg. Age 50+						
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former DuPont Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, Delaware 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Duane Reese		Telephone No. 302 326-2333	Telephone No. 610 933-4332						
Start Date (10) 8/28/2015		Scheduled Completion Date (11) 11/30/2015	License No. 00836						
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 Harvard Environmental, Inc.							
		Street Address 760 Pulaski Highway							
		City, State, Zip Code Bear, DE 19701							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance Shop			x	See Attached Spreadsheet	See Attached	x			
Scale & Change House			x	See Attached Spreadsheet	See Attached	x			
Garage			x	See Attached Spreadsheet	See Attached	x			
Warehouse 3,4,5 & 6			x	See Attached Spreadsheet	See Attached	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste ~ 300	Name of Registered Landfill Grows/Tullytown Lanfill				
City, State Fairless Hills, PA		Disposal Date 9/2015-12/2015		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 8/13/2015			

MO 22748586120

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

REC-1110

Date of Notification (1): 08/11/2015		Name of Building Owner/Operator (2) Newark Public School		2015 AUG 18 AM 10:52	
Agencies Notified	Type Notification	Street Address: 2 Cedar Street		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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: Newark, NJ 07102		Name of Contact: Mr. Benjamin Olagadeyo	
FACILITY INFORMATION					
Name of Facility Avon Avenue School			Type of Facility (4):		
219 Avon 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) Newark	County (6): Essex	County Code (7): 07108	Square Feet: # of Floors:		
			Bldg. Age Current Use : School		
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.		
Street Address: 17 Pleasant Hill Road			Street Address: 658 Rutgers Place		
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: Paramus, NJ 07652		
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: (973) 350-0101	License No.: 01215	
Start Date (10): 08/18/15	Scheduled Completion Date (11): 8/24/15		Name of OSHA Monitor: Metro Analytical Laboratories		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018		
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					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
		Yes No N/A			Removal Repair Encapsulat Enclosure
1 ST FLOOR BOYS BATHROOM		X	WALL PLASTER	90 SF	*
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.	
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688	
Completed By: Sylvester Oraegbunam		Title: President	Signature: 	Date: 08/11/2015	

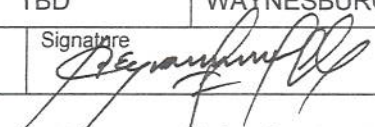
CK 1029

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

Date of Notification (1) 08/06/2015		Name of Building Owner/Operator (2) DIOCESE OF METUCHEN	
Agencies Notified	Type Notification	Street Address P.O BOX: 191	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code METUCHEN NJ. 08840	
		Name of Contact JOE NOTARE	Telephone Number 77

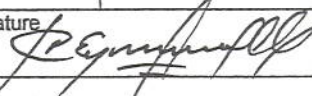
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address 83 THROCKMORTON LANE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) OLD BRIDGE NJ. 08857	Square Feet 22,000	# of Floors 1	Bldg. Age 83 years
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIROMENTAL		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.
Street Address 435 MAIN RD. SUIT. # 200		Street Address 22 VAN ORDEN PL.	
City, State, Zip Code TOWACO NJ. 07082		City, State, Zip Code HACKENSACK NJ. 07601	
Project Manager for Monitoring Firm MIKE		Telephone No. 973 - 334 - 5641	Telephone No. 201- 708- 4270 License No. 01135
Start Date (10) 08/10/2015	Scheduled Completion Date (11) 08/21/2015	Name of OSHA Monitor EMPIRE ENVIROMENTAL	
Occupancy Status During Abatement (Check Only One)		Street Address 435 MAIN RD. SUIT. # 200	
<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 TOWACO NJ. 07082	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR		X		ACM, VAT, Floor Tile 9X9 &	3,970 SF	X			
				Black Mastic glue					

Name of Registered Waste Hauler TRI- STATE ASSOC. INC		NJDEP Waste Hauler ID No. 1991	Cubic Yards of Waste 30 C/Y	Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State BRONX NY.		Disposal Date TBD	City, State WAYNESBURG OHIO.		
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature 	Date 08/06/2015		

C/K 1032

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

Date of Notification (1) 08/11/2015		Name of Building Owner/Operator (2) MICHAEL & CHRISTINE PIROMALI							
Agencies Notified	Type Notification	Street Address 21 Highfield Lane,							
<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 Nutley, NJ 07110							
		Name of Contact Guy Abrahamson	Telephone Number 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 21 Highfield Lane,		Square Feet 2,000	# of Floors 2						
City (5) Nutley, NJ 07110		Bldg. Age 86							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 08/20/2015	Scheduled Completion Date (11) 08/21/2015	Name of OSHA Monitor J&S ENVIROMENTAL SERV.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 RT. 22W.							
		City, State, Zip Code UNION NJ. 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT FLOOR TILE 9X9 &	156 SF	X			
				MASTIC GLUE					
Name of Registered Waste Hauler TRI - STATE. ASSOC INC.		NJDEP Waste Hauler ID No. 1991	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State 1199 RANDALL AVE. BRONX NY.			Disposal Date TBD	City, State WAYNERBURG OHIO.					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 08/11/2015					

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

Date of Notification (1) <div style="text-align: center;">August 13, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Disantis Contracting, LLC</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	313 Halyard Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Ortley Beach, NJ 08751</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Frank Disantis</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <div style="text-align: center;"> <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.) </div>		
Street Address <div style="text-align: center;">1809 W. Central Avenue</div>					
City <div style="text-align: center;">Ortley</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1200 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">8/14/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">8/18/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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	1100 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">8/19/14</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">8/13/2015</div>

**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) <div style="text-align: center;">August 13, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Disantis Contracting, LLC</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	313 Halyard Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Ortley Beach, NJ 08751	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <div style="text-align: center;">Frank Disantis</div>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
216 Ocean Bay Blvd.			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
Lavallette			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1000 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">8/14/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">8/18/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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 <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">8/19/14</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">8/13/2015</div>

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

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

Check#2268

Date of Notification (1) 08 / 15 / 15		Name of Building Owner/Operator (2) James O'Neal	
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 110 S. Centre Street	
		City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Jesse Potenzone	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 110 S. Centre Street		Square Feet	# of Floors
City (5) South Orange, NJ 07079		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) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 08 / 25 / 15	Scheduled Completion Date (11) 09 / 10 / 15	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor-entering hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling and wall plaster	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor-living room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling and wall plaster	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor-bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling and wall plaster	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 08/15/2015	

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

Date of Notification (1) 8-14-15		Name of Building Owner/Operator (2) Latricia Garland	
Agencies Notified	Type Notification	Street Address 207 Oak Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code East Orange, NJ, 07036	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Latricia Garland	
<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 1100		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 8-24-15		Sched. Completion Date (11) 8-25-15		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>			City, State, Zip Code		
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

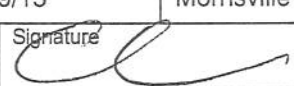
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	35 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. Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 8-26-15		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 8-14-15

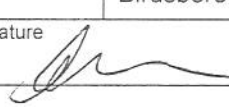
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CR 5021

Date of Notification (1) 8/13/15		Name of Building Owner/Operator (2) Charlie Phillips Private Home							
Agencies Notified	Type Notification	Street Address 136 Lawrence Dr.							
<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 Charlie	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Charlie Phillips 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 136 Lawrence Dr.		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) 8/14/15	Scheduled Completion Date (11) 8/19/15	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	1000SF	x			
Name of Registered Waste Hauler United Containers		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 8/19/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/13/15		

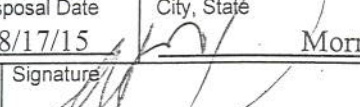
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check R1181

Date of Notification (1) 8/14/15		Name of Building Owner/Operator (2) Procom							
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 PO Box 4430							
		City, State, Zip Code Manchester NH 03108							
		Name of Contact Linda Brodeur	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address Route 22 & Ronson Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bridgewater		Square Feet 3100	# of Floors 2						
County (6) Somerset		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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 8/24/15		Scheduled Completion Date (11) 10/24/15	License No. 703						
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							
		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
kitchen			x	joint compound	150 SF	x			
living room			x	joint compound	200 SF	x			
kitchen			x	linoleum	150 SF	x			
bathroom			x	floor tile	25 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 8/14/15			

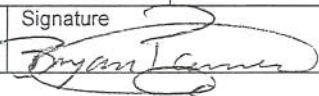
CK #24900

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

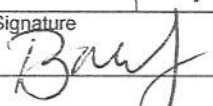
Date of Notification (1) <u>8/13/15</u>		Name of Building Owner/Operator (2) <u>West Windsor-Plainsboro Reg. School District</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>90 Grovers Mill Rd.</u>							
		City, State, Zip Code <u>Plainsboro, NJ 08536</u>							
		Name of Contact <u>Keith Buckalew</u>	Telephone Number <u>(609) 259-9688</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>John V.B. Wicoff School</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>510 Plainsboro Rd.</u>									
City (5) <u>Plainsboro, NJ 08536</u>		Square Feet <u>30000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>100+/-</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u></u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2217</u>	License No. <u>00493</u>						
Start Date (10) <u>8/14/15</u>	Scheduled Completion Date (11) <u>8/15/15</u>	Name of OSHA Monitor <u>MECS</u>							
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>7am to 3:30 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ</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 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
<u>Mechanical/Storage Room</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Fittings</u>	<u>12</u>	<input checked="" type="checkbox"/>			
<u>Mechanical/Storage Room</u>	<input checked="" type="checkbox"/>			<u>Vibration Cloth Collars</u>	<u>3</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>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/17/15</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>		

MO 695045 77967

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

Date of Notification (1) 08/12/15		Name of Building Owner/Operator (2) 7412 Broadway Ilc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7412 Broadway City, State, Zip Code North Bergen New Jersey 07047 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) 7412 Broadway Ilc Street Address 7412 Broadway City (5) North Bergen NJ 07047 County (6) Hudson 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 _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____						
	Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____		Name of Abatement Contractor (9) Pro Abatement Street Address 1009 87th Street Suite A4 City, State, Zip Code North Bergen, NJ 07047 Telephone No. 201-293-6305 License No. 01223						
Start Date (10) 08/13/15 Scheduled Completion Date (11) 08/23/15		Name of OSHA Monitor HILMAMM CONSULTING LLC Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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			N/A	Pipe Insulation	8 LF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KENILWORTH, NJ			Disposal Date	City, State KEARNY, NJ					
Completed by Bryan Parra		Title Project Manager	Signature 			Date 08/12/15			

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

Date of Notification (1) 8/1/15		Name of Building Owner/Operator (2) Borough of Northvale							
Agencies Notified	Type Notification	Street Address 116 Paris Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Northvale, NJ 07647							
		Name of Contact Joe	Telephone Number 0						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 411 Cinton Ave		Square Feet 12000	# of Floors 1						
City (5) Northvale		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) warehouse							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 8/24/15	Scheduled Completion Date (11) 9/8/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
roof			x	roofing material	3000sf	x			
roof			x	caulking and sealants	1500sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Colts Neck, New Jersey			Disposal Date 9/8/15	City, State Tullytown, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 8/15/15					

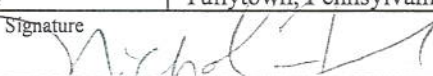
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 14, 2015		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<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	Joyce	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 136 N Burgee Drive			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Little Egg Harbor			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 800 sf	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 8/17/15	Scheduled Completion Date (11) 8/19/15	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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

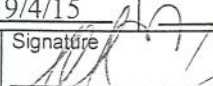
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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 house		X		Asbestos siding	600 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 8/20/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/14/15

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

CR# 24905

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

Date of Notification (1) <u>8/15/15</u>		Name of Building Owner/Operator (2) <u>Kruser</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>389 School House Rd.</u>	
		City, State, Zip Code <u>Monroe Twp., NJ 08831</u>	
		Name of Contact <u>Rose Kruser</u>	Telephone Number <u>() _____</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>24 N. Edwards Street</u>			
City (5) <u>Savreille, NJ</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
		Bldg. Age <u>65+/-</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>DB Environmental</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>	Telephone No. <u>(732) 740-8404</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>8/31/15</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 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>8am to 4 pm</u>		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) 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	
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
<u>Crawl space</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
<u>Garage</u>			<u>Thermal Pipe Insulation</u>
Amount (Specify SF or LF)		Abatement Type	
		Removal	Repair
		Encapsulate	Enclosure
<u>15 lf</u>		<input checked="" type="checkbox"/>	
<u>3 lf</u>		<input checked="" type="checkbox"/>	
<u>6 lf</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>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/4/15</u>	Name of Registered Landfill <u>GROWS Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/15/15</u>

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

B & G proj. #: 2015-123

Check # 7348

Date of Notification (1) <u>08/14/15</u>		Name of Building Owner/Operator (2) Lois & Dave Van Der Stad	
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 50 Ida Street	
		City, State, Zip Code Haledon, NJ 07506	
		Name of Contact Lois & Dave Van Der Stad	Telephone Number 1

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lois & Dave Van Der Stad			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 50 Ida Street			Square Feet # of Floors Bldg. Age		
City (5) Haledon, NJ 07506	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/24/2015		Sched. Completion Date (11) 08/25/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	53 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			<input checked="" type="checkbox"/>	pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back room and closet area			<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	transite board	30 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/25/2015		City, State Tullytown, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/14/2015

OK 201665

Print Form

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


Date of Notification (1) 8/14/2015		Name of Building Owner/Operator (2) SUMMIT FREE PUBLIC LIBRARY						
Agencies Notified	Type Notification	Street Address 75 MAPLE STREET						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code SUMMIT, NJ 07901						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact SUSAN PERMAHOS	Telephone Number ;					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) SUMMIT FREE PUBLIC LIBRARY		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 75 MAPLE STREET		Square Feet	# of Floors					
City (5) SUMMIT		Bldg. Age						
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTIONS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE						
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm DOMINICK DERCOLE		Telephone No. 609-392-4200	Telephone No. 973-956-8700					
Start Date (10) 8/25/2015		Scheduled Completion Date (11) 8/27/2015	License No. 00494					
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 SAME AS (9) ABOVE						
		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
AIR HANDLER ROOM 2 AND 3		X		Apprx. 125	X			
				(WRAP & CUT)				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 8/27/2015		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 8/14/2015				

WRAP & CUT PROCEDURE FOR REMOVAL OF PIPES & FITTINGS WITH
ASBESTOS TSI

- 001 Wrap & Cut shall conform to required procedures. All applicable DOL/DOH requirements must be followed.
- 002 Wrap & Cut procedures can only be done on pipes/fittings in good condition. If necessary, repair damage first.
- 003 Only that amount that can be completely controlled can be removed at one time.
- 004 6 mil polyethylene (poly) sheeting drop cloths shall be spread on the floor in the active work area prior to commencing Wrap & Cut operations. Drop cloths shall be removed at completion of the work, prior to contractor departing site.
- 005 Contractor must have a remote decontamination on site at all times.
- 006 CONTRACTOR SHALL HAVE OPERATIONAL TENTS AND NEGATIVE AIR IN THE WORK AREA DURING REMOVAL.
- 007 Contractor shall thoroughly wet and completely seal the asbestos fitting in two independent layers of 6 mil poly prior to cutting the pipe.
- 008 Double wrapped fittings shall have all proper asbestos labeling attached for disposal as friable asbestos waste.
- 009 Contractor may only remove designated pipes/fittings in this manner, and only after confirming that the water has been shut off, and the lines have been drained.
- 010 CONTRACTOR SHALL CONFIRM WHICH PIPES/FITTINGS CAN BE CUT. Do not cut out valves used to isolate the demolition area. Locate emergency shut off prior to starting work.
- 011 Contractor shall send in notifications and procedures as required.
- 012 Contractor shall install isolation barriers to separate the school from the work area if occupants are present in the building. Maintain regulated work area until Final air clearance samples pass.

2015 AUG 18 AM 11:01
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2:10 PM

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

Date of Notification (1) 8/13/2015		Check#2780		Name of Building Owner/Operator (2) St Thomas Apostle School					
Agencies Notified		Type Notification		Street Address 60 Byrd Avenue					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Mr. Jim Gasparini					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Thomas the Apostle School				Type of Facility (4)					
Street Address 60 Byrd 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) Bloomfield, NJ 07003				Square Feet 20,000	# of Floors 3				
				Bldg. Age 50+					
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address 280 Hyuler Street			Street Address 426 69th Street						
City, State, Zip Code Hackensack, NJ 07606			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No. 201-489-6700		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 8/24/2015		Scheduled Completion Date (11) 8/25/2015		Name of OSHA Monitor Sames as above					
Occupancy Status During Abatement (Check Only One)				Street Address same as above					
<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: AM				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Gym Closet(Scout Room)		x		Corrugated Pipe Insulation	1 LF		x		
Second Floor Library -Closet-		x		Corrugated Pipe Insulation	6 LF	x			
Name of Registered Waste Hauler Freehold Cartage Inc			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill GROWS North Landfill				
City, State Freehold, NJ			Disposal Date tbd		City, State Morrisville, PA				
Completed by Gina Salvador		Title Office Manager		Signature 		Date 8/13/2015			

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

CK# 1433

Date of Notification (1) Aug 14, 2015		Name of Building Owner/Operator (2) Ray Reduce Development, Inc.		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Harnes</i> (signature) Date: 8/14/15 Time: 11:35 AM					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Po Box 1188 City, State, Zip Code Englewood Cliffs, NJ 07632 Name of Contact Ray Reduce Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned 1 Family Residential House for Demo				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 12 Church Hill Road				Square Feet 2000	# of Floors 1				
City (5) Old Tappan				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) House for Demo					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp					
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 9737067950	License No. 01193				
Start Date (10) Aug 15, 2015		Scheduled Completion Date (11) Aug 18, 2015		Name of OSHA Monitor Loznica Management Corp					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 22 Troy Lane City, State, Zip Code Lincoln Park NJ 07035					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 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
Garage			X	Drywall Joint Compound	400 SF	X			
Windows			X	Caulking	80 LF	X			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date Aug 14, 2015			

CK 3775

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

2015 AUG 18 AM 10:42

Date of Notification (1) <u>8/14/15</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"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>							
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>							
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>7</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>32, N. 29TH AVE</u>									
City (5) <u>LONG PORT</u>	Square Feet <u>1000</u>	# of Floors <u>1</u>	Bldg. Age <u>40+</u>						
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-777-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>8/24/15</u>	Scheduled Completion Date (11) <u>8/31/15</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)									
<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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1600 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>A.C.U.A.</u>					
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date		City, State <u>PLEASANTVILLE, N.J.</u>					
Completed By <u>JOE KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joe Klemm</u>		Date <u>8-14-15</u>				

CK 3775

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

Date of Notification (1) <u>8/14/15</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"/> 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>155 RT. 50</u>
			City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>
			Name of Contact <u>BRUCE BREUNIG</u>
		Telephone Number <u>708.7127</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>26 N CLERMONT AVE</u>		Square Feet <u>1000</u>	
City (5) <u>MARGATE</u>		# of Floors <u>1</u>	Bldg. Age <u>40+</u>
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-777-0472</u>	License No. <u>00444</u>
Start Date (10) <u>8/24/15</u>	Scheduled Completion Date (11) <u>8/31/15</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: _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
		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) <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 IN Facility</u> (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)
<u>SIDING</u>	<u>X</u>		<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J.</u>		Name of Registered Landfill <u>A.C.U.A.</u>	
Disposal Date _____		City, State <u>PLEASANTVILLE, N.J.</u>	
Completed By <u>JOE KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>8-14-15</u>

NOCK

State of New Jersey
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) Julie Shepard							
Agencies Notified	Type Notification	Street Address 52 Briarcliff Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mountain Lakes, NJ 07046							
		Name of Contact Julie Shepard	Telephone Number 973-669-2900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 52 Briarcliff Road		<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) Mountain Lakes, NJ 07046		Square Feet	# of Floors						
		Bldg. Age							
County (6) Morris	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	License No. 01231						
Start Date (10) August 19, 2015	Scheduled Completion Date (11) August 21, 2015	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 W Cary Street							
<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 Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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) <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
Attic		X		Vermiculite/Cellulose fill	800SF	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 07052			Disposal Date	City, State Tullytown, PA					
Completed by Barbara Reed		Title President	Signature <i>Barbara Reed</i>			Date 08/13/2015			

NO CK



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

Date of Notification (1) July 30, 2015		Name of Building Owner/Operator (2) Accurate Box Company, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 86 5th Avenue							
		City, State, Zip Code Paterson New Jersey 07524-1107							
		Name of Contact Lisa Hirsh	Telephone Number 970						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Accurate Box Company, Inc.		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 2 Waite Street		Square Feet 35,000	# of Floors 1						
City (5) Paterson		Bldg. Age >100							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse/Storage							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental, Inc.						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, Pa 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Richard S. Werner		Telephone No. 610-279-7070	License No. 01225						
Start Date (10) August 20, 2015	Scheduled Completion Date (11) September 11, 2015	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 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
Warehouse			x	Pipe Insulation	170 LF	x			
Warehouse Office			x	9-inch Tile and Mastic	100 SF	x			
Roof			x	Built up roofing material	23,000 SF	x			
Roof			x	Roof flashing and mastic	5,000 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State New Castle, DE 19720		Disposal Date TBD		City, State Waynesburg, OH					
Completed by ELIZABETH GOSGILL		Title President		Signature <i>[Signature]</i>		Date 8/14/15			

Amended Date 8-14-15

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

NO CK

Date of Notification (1) 9-19-12		Name of Building Owner/Operator (2) Beth Medrash Govoha	
Agencies Notified	Type Notification	Street Address 617 Sixth Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Lakewood, NJ, 08701	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Beth Medrash Govoha	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 8900	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place Former Beth Medrash Govoha			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 901 Madison Avenue			Square Feet 80,000		
City (5) Lakewood			County (6) Essex Ocean	County Code (7) (STATE USE ONLY)	# of Floors 4
			Bldg. Age 70		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 7 10 15 Month Day Year			Sched. Completion Date (11) 8 9 29 30 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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Exterior Facade			<input checked="" type="checkbox"/>	Masonry Coating	28,000 sf	<input checked="" type="checkbox"/>			
1 st Fl. Storage & Lunch Room			<input checked="" type="checkbox"/>	Floor Tile & Mastic	800 sf	<input checked="" type="checkbox"/>			
Basement, 1, 2, 3 & 4 Floors			<input checked="" type="checkbox"/>	Sheet Rock Joint Compound Plaster	75,000 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 4,500	Name of Registered Landfill G.R.O.W.S. See Attached	
City, State Montclair, NJ 07042 See Attached		Disposal Date 7/13/15 9-30-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>CVivian</i>		Date 6/25/15

Amended Date 8/14/15

Amendment Date: 8/14/15

NO CK

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Amendment Date: 7-17-15 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 24, 2015		Name of Building Owner/Operator (2) Berkeley Redevelopment, LLC		2015 AUG 18 AM 11:04					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1260 Stelton Road					
				City, State, Zip Code Piscataway, NJ 08854					
		Name of Contact Frank Sellinger		Telephone Number 732-E 0000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Beechwood Shopping Plaza				Type of Facility (4)					
Street Address 46 US Route 9				<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) Bayville, New Jersey				Square Feet 160,000	# of Floors 1				
County (6) Ocean				County Code (7) (STATE USE ONLY)	Bldg. Age 55				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. *****		Name of Abatement Contractor (9) Aztech Management, Inc.					
Street Address N/A				Street Address 86 Christopher Street					
City, State, Zip Code N/A				City, State, Zip Code Montclair, NJ 07042					
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 973-744-8800	License No. 00371				
Start Date (10) July 13, 2015		Scheduled Completion Date (11) Sept. 30 2015		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: facility closed				City, State, Zip Code N/A					
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 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 Area & Shopping Plaza			x	pipe debris on floor	25,500sf	x			
Shopping Plaza			x	Roofing	160,000sf	x			
Shopping Plaza Stores			x	VAT & Mastic	25,200sf	x			
Shopping Plaza Stores			x	Transite	2,000sf	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S				
City, State Newark, New Jersey		Disposal Date 9/30/15		City, State Morrisville, PA					
Completed by C. Vivian		Title President		Signature C. Vivian		Date June 24, 2015			

Amendment Date: 7-17-15
Amendment Date: 8-14-15