



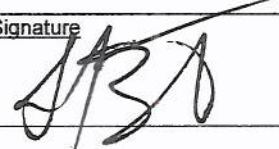
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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 08/14/2014		Name of Building Owner/Operator (2) 1355 Inwood LLC	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 101 E. Broadway City, State, Zip Code Hackensack, NJ 07601 Name of Contact Robert Dombroski Tel Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 215 Union Street City (5) Hackensack County (6) Bergen County Code (7) (State Use Only) NJ		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 5000 # of Floors 2 Bldg. Age 70 Current Use (prior if being demolished) <u>Apartment Building</u> Unoccupied building, Set for Demolition	
Name of Monitoring Firm Hired by Bldg. Owner (8) Divine Environmental, INC.		Name of Contractor (9) Apex Development, INC.	
Street Address 358 Broadway City, State, Zip Code Newark, NJ 07104		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Project Manager for Monitoring Firm Nkiruka Onwukaife	Telephone Number 201-206-9356	Telephone Number (201)954-6359	License Number 01215
Scheduled Start Date (10) 08/25/2014	Scheduled Completion Date (11) 09/15/2014	Name of OSHA Monitor Apex Development, INC.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other: Set for demolition		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or > 260 LF ACM) () SMALL Project. (>25 <160 SF or >10 <260 LF ACM) () Minor Proj. (< 25 SF or < 10 LF ACM) () Tent & Glove bag () Mini-Enclosure () Glove bag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)
Basement,		Floor Tile	3000 SF
1 st Floor,		Floor Tile	1000SF
2 nd Floor		Floor Tile	500 SF
Roof		Roof Flashing	700 SF
Name of Reg. Waste Hauler Vision Transport	NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 20	Name of Reg. Landfill Cumberland County Landfill
City, State 2 Fish House Road, Kearny, NJ 07032		City, State Newburg, PA 17242	
Completed by (Print or Type) Edgar Bastidas	Title PM	Signature 	Date 08/14/2014

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

Date of Notification (1) 06/30/2014		Name of Building Owner/Operator (2) 150-170 Main Street Hackensack, LLC.	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 2014 AUG 25 AM 2:07 P.O. BOX. 1056 City, State, Zip Code Alpine, NJ. 07620 Name of Contact Shergho Alkilani Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 170 Main Street City (5) Hackensack County (6) Bergen County Code (7) (State Use Only) NJ		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 24000 # of Floors 3 Bldg. Age 80 Current Use (prior if being demolished) Apartment Building Unoccupied building, Set for Demolition	
Name of Monitoring Firm Hired by Bldg. Owner (8) Divine Environmental, INC.		Name of Contractor (9) Apex Development, INC.	
Street Address 358 Broadway City, State, Zip Code Newark, NJ 07104		Street Address 658 Rodgers Place City, State, Zip Code Paramus, NJ. 07652	
Project Manager for Monitoring Firm Nkiruka Onwukaife	Telephone Number 201-206-9356	Telephone Number (201)954-6359	License Number 01215
Scheduled Start Date (10) 7/14/2014	Scheduled Completion Date (11) 7/30/2014	Name of OSHA Monitor Apex Development, INC.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other: Set for demolition		Street Address 658 Rodgers Place City, State, Zip Code Paramus, NJ. 07652	
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or > 260 LF ACM) () SMALL Project. (>25 <160 SF or >10 <260 LF ACM) () Minor Proj. (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap. Enclose
Basement, 1 st FL, 2 nd FL, 3 rd FL		VAT	9600 SF X
Basement		Pipe Insulation	180 LF X
1 st FL, 2 nd FL		Pipe Insulation	210 LF X
1 st FL		Plaster	200 SF X
Name of Reg. Waste Hauler Vision Transport	NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 4	Name of Reg. Landfill Cumberland County Landfill
City, State 2 Fish House Road, Kearny, NJ 07032		City, State Newburg, PA 17242	
Completed by (Print or Type) Edgar Bastidas	Title PM	Signature 	Date 6/30/14

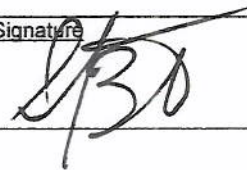
STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 08/08/2014		Name of Building Owner/Operator (2) 150-170 Main Street Hackensack, LLC.	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 2014 AUG 26 AM 2:07 P.O. BOX. 1056 City, State, Zip Code Alpine, NJ. 07620 Name of Contact Shergho Alkilani Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 166-168 Main Street City (5) Hackensack County (6) Bergen County Code (7) (State Use Only) NJ		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 3800 # of Floors 2 Bldg. Age 70 Current Use (prior if being demolished) Apartment Building Unoccupied building, Set for Demolition	
Name of Monitoring Firm Hired by Bldg. Owner (8) Divine Environmental, INC.		Name of Contractor (9) Apex Development, INC.	
Street Address 358 Broadway City, State, Zip Code Newark, NJ 07104		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Project Manager for Monitoring Firm Nkiruka Onwukaife	Telephone Number 201-206-9356	Telephone Number (201)954-6359	License Number 01215
Scheduled Start Date (10) 08/23/2014	Scheduled Completion Date (11) 09/02/2014	Name of OSHA Monitor Apex Development, INC.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other: Set for demolition		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or > 260 LF ACM) (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM) () Minor Proj. (< 25 SF or < 10 LF ACM) () Tent & Glove bag () Mini-Enclosure (X) Glove bag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap. Enclose
Basement,	X	Pipe Insulation	100 LF X
Name of Reg. Waste Hauler Vision Transport	NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 3	Name of Reg. Landfill Cumberland County Landfill
City, State 2 Fish House Road, Kearny, NJ 07032		City, State Newburg, PA 17242	
Completed by (Print or Type) Edgar Bastidas	Title PM	Signature 	Date 08/08/2014

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

Date of Notification (1) 08/08/2014		Name of Building Owner/Operator (2) 150-170 Main Street Hackensack, LLC.	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address P.O. BOX. 1056 City, State, Zip Code Alpine, NJ. 07620 Name of Contact Shergho Alkilani Tel. Number ---	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 160 Main Street City (5) Hackensack County (6) Bergen County Code (7) (State Use Only) NJ		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 1800 # of Floors 2 Bldg. Age 60 Current Use (prior if being demolished) Apartment Building Unoccupied building, Set for Demolition	
Name of Monitoring Firm Hired by Bldg. Owner (8) Divine Environmental, INC.		Name of Contractor (9) Apex Development, INC.	
Street Address 358 Broadway City, State, Zip Code Newark, NJ 07104		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Project Manager for Monitoring Firm Nkiruka Onwukaife	Telephone Number 201-206-9356	Telephone Number (201)954-6359	License Number 01215
Scheduled Start Date (10) 08/20/2014	Scheduled Completion Date (11) 09/02/2014	Name of OSHA Monitor Apex Development, INC.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other: Set for demolition		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or > 260 LF ACM) (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM) () Minor Proj. (< 25 SF or < 10 LF ACM) () Tent & Glove bag () Mini-Enclosure (X) Glove bag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap Enclose
Basement,	X	Pipe Insulation	120 LF X
Roof	X	Roof Flashing	400 S F X
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 3
City, State 2 Fish House Road, Kearny, NJ 07032		Name of Reg. Landfill Cumberland County Landfill	
Completed by (Print or Type) Edgar Bastidas		Title PM	Signature Date 08/08/2014


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

Date of Notification (1) 08/08/2014		Name of Building O110 wner/Operator (2) 150-170 Main Street Hackensack, LLC.	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 2014 AUG 26 AM 2:07 P.O.BOX. 1056 City, State, Zip Code Alpine, NJ. 07620 Name of Contact Shergho Alkilani Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 156 Main Street City (5) Hackensack County (6) Bergen County Code (7) (State Use Only) NJ		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 2400 # of Floors 2 Bldg. Age 80 Current Use (prior if being demolished) Apartment Building Unoccupied building, Set for Demolition	
Name of Monitoring Firm Hired by Bldg. Owner (8) Divine Environmental, INC.		Name of Contractor (9) Apex Development, INC.	
Street Address 358 Broadway City, State, Zip Code Newark, NJ 07104		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Project Manager for Monitoring Firm Nkiruka Onwukaife	Telephone Number 201-206-9356	Telephone Number (201)954-6359	License Number 01215
Scheduled Start Date (10) 08/19/2014	Scheduled Completion Date (11) 8/31/2014	Name of OSHA Monitor Apex Development, INC.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other: Set for demolition		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or > 260 LF ACM) (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM) () Minor Proj. (< 25 SF or < 10 LF ACM) () Tent & Glove bag () Mini-Enclosure (X) Glove bag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap. Enclose
Basement,	X	Pipe Insulation	110 LF X
Basement	X	Boiler	80 S F X
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 3
City, State 2 Fish House Road, Kearny, NJ 07032		Name of Reg. Landfill Cumberland County Landfill City, State Newburg, PA 17242	
Completed by (Print or Type) Edgar Bastidas	Title PM	Signature 	Date 08/08/2014

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

Date of Notification (1) 08/08/2014		Name of Building Owner/Operator (2) 150-170 Main Street Hackensack, LLC.	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address P.O. BOX. 1056 City, State, Zip Code Alpine, NJ. 07620	
		Name of Contact Shergho Alkilani	Tel Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 154 Main Street City (5) Hackensack County (6) Bergen County Code (7) (State Use Only) NJ		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 2400 # of Floors 2 Bldg. Age 80 Current Use (prior if being demolished) Apartment Building Unoccupied building, Set for Demolition	
Name of Monitoring Firm Hired by Bldg. Owner (8) Divine Environmental, INC.		Name of Contractor (9) Apex Development, INC.	
Street Address 358 Broadway City, State, Zip Code Newark, NJ 07104		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Project Manager for Monitoring Firm Nkiruka Onwukaife	Telephone Number 201-206-9356	Telephone Number (201)954-6359	License Number 01215
Scheduled Start Date (10) 08/18/2014	Scheduled Completion Date (11) 8/30/2014	Name of OSHA Monitor Apex Development, INC.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Other: Set for demolition		Street Address 658 Rutgers Place City, State, Zip Code Paramus, NJ. 07652	
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or > 260 LF ACM) (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM) () Minor Proj. (< 25 SF or < 10 LF ACM) () Tent & Glove bag () Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap. Enclose
Basement,		Pipe Insulation	120 LF X
2nd Floor		VAT	550 S F X
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 3
City, State 2 Fish House Road, Kearny, NJ 07032		Name of Reg. Landfill Cumberland County Landfill	
Completed by (Print or Type) Edgar Bastidas		Title PM	Signature Date 08/08/2014

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

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) John Bolte Private Home							
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 1044 Idaho Av AUG 26 2014							
		City, State, Zip Code Cape May NJ 08204							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Bolte 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 1044 Idaho Av		Square Feet 1000+	# of Floors 1.5						
City (5) Cape May NJ 08204		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. 856-753-9800	License No. 00727						
Start Date (10) 9/2/14	Scheduled Completion Date (11) 9/8/14	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	1400 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 9/8/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/21/14		

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

CK# 0779

Date of Notification (1) 8-22-2014		Name of Building Owner/Operator (2) Township of Bedminster							
Agencies Notified	Type Notification	Street Address One Miller Lane							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bedminster, NJ 07921							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 725 Route 206		<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) Bedminster	Square Feet	# of Floors	Bldg. Age 50+						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
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) 9-2-2014		Scheduled Completion Date (11) 9-5-2014							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: 9am - 4pm		Loznica Management Corp							
		Street Address							
		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"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Traniste Shingles	2,300 SF	x			
Basement			x	Asbestos Pipe Insulation	50 LF	x			
Basement			x	Elbows	16 Elbows	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Loznica Management Corp		0033137	TBD	GROWS LANDFILL					
City, State			Disposal Date	City, State					
Lincoln Park, NJ 07035			TBD	Morrisville, PA 19067					
Completed by		Title	Signature	Date					
E. Cirovic		Secretary	<i>E. Cirovic</i>	8-22-2014					

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

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) PSE+G		AUG 26 2014	
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 # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 FRANK E. RODGERS BLVD.	
		City, State, Zip Code HARRISON, NJ 07029		Name of Contact JOHN FILLMAN	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE+G			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 TREMELY POINT RD.			Square Feet N/A		
City (5) LINDEN			# of Floors N/A		Bldg. Age N/A
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) LP PLANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		Telephone No. 732-432-8350	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217		License No. 01111	
Start Date (10) 7/28/14		Scheduled Completion Date (11) 8/21/14		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: OUTDOORS			Street Address 396 WHITEHEAD AVE.		
			City, State, Zip Code SOUTH RIVER, NJ 08882		
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)
	Yes	No	N/A		
OUTSIDE PRAMANCE TANK FARM		X		ACM FIREPROOFING INSULATION	9262 SF
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste Appx 450	
City, State ELIZABETH, NJ		Disposal Date TBD		Name of Registered Landfill GROWS NORTH	
City, State MORRISVILLE, PA		Signature Carol Raimo		Date 8/21/14	
Completed by CAROL RAIMO		Title OFFICE MGR.			

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

Date of Notification (1) 7/10/14		Name of Building Owner/Operator (2) PSE+G	
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 2000 FRANK E. RODGERS BLVD.	
		City, State, Zip Code HARRISON, NJ 07029	
		Name of Contact JOHN FILLMAN	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE+G		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 TREMONT POINT RD.		Square Feet N/A	# of Floors N/A
City (5) LINDEN		Bldg. Age N/A	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) LP PLANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Start Date (10) 7/28/14	Scheduled Completion Date (11) 9/5/14	Street Address 396 WHITEHEAD AVE.	
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: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882	
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) In Facility (13) OUTSIDE PRAMANE TACK FARM	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) ACM FIREPROOFING INSULATION
	Amount (Specify SF or LF) 9262 SF		
Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 450
Name of Registered Landfill GROWS NORTH		Disposal Date TBD	City, State MORRISVILLE, PA
City, State ELIZABETH, NJ		Completed by CAROL RAIMO	
Title OFFICE MGR.		Signature Carol Raimo	Date 7/10/14

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

B & G proj. #: 2014-144

Check # 6709

Date of Notification (1) <u>10/18/12 11/11/14</u>		Name of Building Owner/Operator (2) <u>Rahway Public Schools</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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>1138 Kline Place</u> AUG 26 2014	
		City, State, Zip Code <u>Rahway, NJ 07065</u>	
		Name of Contact <u>Ray Candiloro</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Grover Cleveland Elementary 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>486 East Milton Avenue</u>			Square Feet _____		
City (5) <u>Rahway, NJ 07065</u>			# of Floors _____		
County (6) <u>Union</u>			Bldg. Age _____		
County Code (7) (State use only)			Current Use (Prior if being demolished) <u>school</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Omega Environmental Services</u>		ASCM No. <u>00120</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>280 Huyler Street</u>		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code <u>Hackensack, NJ 07606</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm		Phone Number <u>201-489-8700</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>08/25/2014</u>		Sched. Completion Date (11) <u>08/30/2014</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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>unoccupied</u>					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Boiler room			X	insulation material under boiler jacket	260 sf	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>08/25/14 - 09/02/14</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/21/2014</u>

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

Date of Notification (1) 8-12-14		Name of Building Owner/Operator (2) Everett Mobil Environmental Services	
Agency Notified DEP	Type Notification <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 52 BEACHAM Street AUG 26 2014	
		City, State, Zip Code Everett, MA 02149	
		Name of Contact Mike Geci	Telephone Number 617-...

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Former Benzene Lubrication Mfg. Plant	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 1 Avenue J	
City (5) Beverly	Square Feet 2,250
County (6) Hudson	# of Floors N/A
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Storage Tank

Name of Monitoring Firm Hired by Building Owner (8) Asset Inspection Technologies		Name of Abatement Contractor (9) Terra Contracting Services, LLC	
Street Address 123 N. Tea Rd PO Box 3015		Street Address 5787 Stadium Drive	
City, State, Zip Code South Hampton, NY 11969		City, State, Zip Code Kalamazoo, MI 49007	
Project Manager for Monitoring Firm Peter Ellams		License No. 01208	
Telephone No. 917-450-9217		Telephone No. 269-375-9595	
Start Date (10) 9-8-14	Scheduled Completion Date (11) 9-26-14	Name of OSHA Monitor Analytical Testing & Consulting, 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 14625 Foster Rd.	
		City, State, Zip Code Plainville, MICHIGAN 49180	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) 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 Date
	Yes	No	N/A			
TANK # 99	X			TANK Coating	2,250 SF	X

Name of Registered Waste Hauler HAZMAT Environmental Group	NJDEP Waste Hauler ID No. 1465	Cubic Yards of Waste 30	Name of Registered Landfill High Acres Landfill
City, State Buttfield, NY	Disposal Date 9/30/14	City, State Fairport, NY	
Completed by Gregory Roe	Title Director of Abatement	Signature Gregory S. Roe	Date 8-22-14

* 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)**

CIL 5214

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) MR. DONOVAN				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 495 HIGH ST City, State, Zip Code CLUSTER, NJ. 07624				
		Name of Contact MR DONOVAN	Telephone Number 2			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. DONOVAN		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 495 HIGH ST						
City (5) CLUSTER	Square Feet 2000	# of Floors 2	Bldg. Age 1940			
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		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) 9/2/14		Scheduled Completion Date (11) 9/3/14				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Name of OSHA Monitor Omega Environmental Inc				
		Street Address 280 Huyler St				
		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply)						
<input 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) Y	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 484 4 SF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/207	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 9/3/14		City, State Waynesburg, Oh		
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 8/21/14		

7/10/2031 11:41 FAX

0003/0004

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

Date of Notification (1) <u>08</u> / <u>22</u> / <u>14</u>		Name of Building Owner/Operator (2) Elizabeth BOE CK 3234 \$200 Peter Alvarez	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 500 North Broad Street	<div style="border: 2px solid black; padding: 5px;"> DOL - 10 DAY AUG 22 2014 <i>[Signature]</i> WAIVER APPROVED </div>
		City, State, Zip Code Elizabeth, New Jersey 07208	
		Name of Contact Harold Kennedy	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) School No. 20		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 521 Magolla Avenue		Square Feet 20,000	# of Floors 2
City (5) Elizabeth, New Jersey 07208		Bldg. Age 55+	
County (8) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Lillich Corporation
Street Address 300 Grand Avenue		Street Address 505 McBride Avenue	
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-225-5400	License No. D1101
Start Date (10) <u>08</u> / <u>23</u> / <u>14</u>	Scheduled Completion Date (11) <u>08</u> / <u>23</u> / <u>14</u>	Name of OSHA Monitor J & S Environmental Laboratories	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8AM-4PM / _____ PM- _____ AM		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey	

Scopes 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 type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
Parking Lot in Back of School	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Debris Clean Up	3000 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Lillich Corporation		NJDEP Waste Hauler ID No. 17876	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey		Disposal Date 08/25/14	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature <i>[Signature]</i>	Date 8/22/14		

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

Check#1976

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 08 / 23 / 14 </div>		Name of Building Owner/Operator (2) Maura Gottstein	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA <small>(NJAC 5:23-8)</small>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 89 East Clinton Avenue	
		City, State, Zip Code Tenaflly, NJ 07670	
		Name of Contact Maura Gottstein	
		Telephone Number	

AUG 26 2014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		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.)	
Street Address 89 East Clinton Avenue		Square Feet	# of Floors
City (5) Tenaflly, NJ 07670		Bldg. Age	
County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	

Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No	License No
Start Date (10) 09 / 03 / 14		Scheduled Completion Date (11) 09 / 04 / 14	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	


- ☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

☐

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	155 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 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"/>


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 08/23/2014	

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

Date of Notification (1) Aug. 22, 2014		Name of Building Owner/Operator (2) Borough of Fairview							
Agencies Notified	Type Notification	Street Address 59 Anderson 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 Borough of Fairview, New Jersey 07022							
		Name of Contact Diane Testa, Municipal Clerk	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51 Anderson Avenue		Square Feet 2,000	# of Floors 2						
City (5) Fairview		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services		ASCM No.	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address 140 Boulevard		Street Address 205 Rt 46W, Suite 14							
City, State, Zip Code Mountain Lakes, New Jersey 07046		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	License No. 01155						
Start Date (10) Sept. 5, 2015	Scheduled Completion Date (11) Oct. 15, 2015	Name of OSHA Monitor Academy Construction, 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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement Boiler Room - ceiling			x	transite	200 sf	x			
Basement Boiler Room- chimney			x	flue packing	2 sf	x			
1st Floor			x	floor tile & linoleum	825 sf	x			
2nd Floor			x	floor tile & linoleum	230 sf	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill Waste Management					
City, State Newark, New Jersey		Disposal Date Oct 15, 2014		City, State Tullytown, PA					
Completed by Frank Marino		Title VP of Operations		Signature 		Date 8/22/14			

51 Anderson Avenue, Fairview, NJ

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type		
	YES	NO	NA			Rem.	Encap	Enclose
2 nd Floor			x	Mirror Glue	95 sf	X		
Roof			x	Roofing membrane & flashing	1,700	x		
Garage Roof			x	Roofing membrane & flashing	600 sf	X		
Roof			x	Roofing membrane & flashing	1,700	x		

<u>Title:</u> VP of Operations	<u>Signature:</u> 	<u>Date</u> 8/22/14
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AUG 26 2014

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

Date of Notification (1) Aug. 22, 2014		Name of Building Owner/Operator (2) Borough of Fairview							
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 59 Anderson Ave		City, State, Zip Code Borough of Fairview, New Jersey 07022							
Name of Contact Diane Testa, Municipal Clerk		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 53 Anderson Avenue		Square Feet 2,000	# of Floors 2						
City (5) Fairview		Bldg. Age 60							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services		ASCM No.	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address 140 Boulevard		Street Address 205 Rt 46W, Suite 14							
City, State, Zip Code Mountain Lakes, New Jersey 07046		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-832-4244						
License No. 01155									
Start Date (10) Sept. 5, 2015		Scheduled Completion Date (11) Oct. 15, 2015							
Name of OSHA Monitor Academy Construction, 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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement Main Area			x	Floor Tile	880 sf	x			
Basement			x	Pipe Insulation & Fittings	160 sf	x			
Basement Boiler Rom			x	Boiler Insulation	50 sf	x			
1st Floor Kitchen			x	floor tile & linoleum	195 sf	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill Waste Management					
City, State Newark, New Jersey		Disposal Date Oct 15, 2014		City, State Tullytown, PA					
Completed by Frank Marino		Title VP of Operations		Signature		Date 8/22/14			

53 Anderson Avenue, Fairview, NJ

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type		
	YES	NO	NA			Rem.	Encap	Enclose
Roof			x	Roofing membrane & flashing	1,350 sf	X		
Exterior Facade			x	Door & Window Caulking	260 lf	x		

<u>Title:</u> VP of Operations	<u>Signature:</u> 	<u>Date</u> 8/22/14
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AUG 26 2014

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

Date of Notification (1) August 22, 2014		Name of Building Owner/Operator (2) Anchor Marine Construction, LLC <i>25007</i>	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [X] Emergency (including justification) [] Cancellation	Street Address 1889 Route 9, Suite 21	
		City, State, Zip Code Toms River, NJ 08755	
		Name of Contact Larry Koos	Telephone Number 2014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 47 Halsey Avenue					
City Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet N/A	# of Floors N/A	Bldg. Age N/A
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) 8/23/14		Scheduled Completion Date (11) 8/25/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[X] ≥160 sf or ≥260 lf		[X] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[X] 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 debris (floor tile)	40 yards	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 40	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/26/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 8/22/2014

**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) August 22, 2014		Name of Building Owner/Operator (2) Jersey Shore University Medical Center 25010	
Agencies Notified	Type of Notification	Street Address 1945 Route 33	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Neptune, New Jersey 07754	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Lisa Fritz	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey Shore University Medical Center			Type of Facility (4)		
Street Address 1945 Route 33			<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 Neptune	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 750,000	# of Floors 7	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 8/22/14		Scheduled Completion Date (11) 8/25/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Encapsulation	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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
Boiler Room		X		Asbestos boiler insulation	16 SF	X			
Boiler room		X		Gasket	5 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/26/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/22/2014

*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# 2414

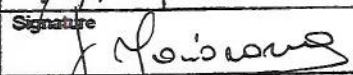
Date of Notification (1) 8-23-14		Name of Building Owner/Operator (2) Brenner Residence							
Agencies Notified	Type Notification	Street Address 910 Ocean Ave	AUG 26 2014						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sea Bright, New Jersey							
		Name of Contact GARY BRENNER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brenner Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 910 Ocean Ave		Square Feet 2000	# of Floors 2						
City (5) Sea Bright		Bldg. Age 60+							
County (6) monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 9/2/14	Scheduled Completion Date (11) 9/9/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 5:00 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input 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
OUTDOORS			✓	SIDING	2680 SF				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill I.E.S.I					
City, State Colts Neck, New Jersey		Disposal Date 9/9/14		City, State Easton, PA					
Completed by George Wuest		Title President		Signature George Wuest		Date 8-23-14			

OK 68748

2014
Signature
* Do not use this form for asbestos

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

CK 5222

Date of Notification (1) 8/22/14		Name of Building Owner/Operator (2) MR. STEVE HOLZEL						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 PARK ST						
		City, State, Zip Code MONTCLAIR, NJ. 07042						
		Name of Contact MR. HOLZEL	Telephone Number 610-411-1111					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. S. HOLZEL		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 26 PARK ST		Square Feet 20,000	# of Floors 4					
City (5) MONTCLAIR		Bldg. Age 100 YEARS						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) 3006 APTS.						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 9/9/14	Scheduled Completion Date (11) 9/11/14	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BOILER ROOM				THERMAL INSULATION	190 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 4 CY	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 9/11/14		City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature 			Date 8/22/14			

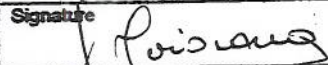
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK # 5215

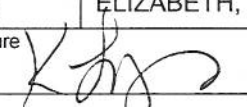
Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) MS. CONSTANTINO	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 711 ELM ST	
		City, State, Zip Code ROSELLE, NJ. 07203	
		Name of Contact MS. CONSTANTINO	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. CONSTANTINO		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 711 ELM ST		Square Feet 2200	# of Floors 2
City (5) ROSELLE		Bldg. Age 1945	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) 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) 9/3/14	Scheduled Completion Date (11) 9/5/14	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code South 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 + MASTIC
	Amount (Specify SF or LF) 800 SF		
		Abatement Type	
		Removal	Encapsulate
		Repair	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises	
Disposal Date 9/5/14		City, State Waynesburg, Oh	
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 8/21/14

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

CK 5521

Date of Notification (1) 8/22/14		Name of Building Owner/Operator (2) B.C. REALTY H. 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4410 NEW YORK AVE						
			City, State, Zip Code UNION CITY						
			Name of Contact MS. KATHY						
Telephone Number 									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) B.C. REALTY H. LLC		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 4410 NEW YORK AVE									
City (5) UNION CITY		Square Feet 30,000	# of Floors 4						
		Bldg. Age 1935							
County (6) HUDSON		County Code (7) (STATE USE ONLY) 							
Current Use (Prior if being demolished) BLDG APTS.									
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. 	License No. 00388						
Start Date (10) 9/8/14		Scheduled Completion Date (11) 9/9/14							
Name of OSHA Monitor Omega Environmental Inc									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM				THERMAL SYSTEM INSULATION	60 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1 1/2 CY	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 9/9/14		City, State Waynesburg, Oh					
Completed by J. Maiorano		Title Estimator		Signature 		Date 8/22/14			

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

Date of Notification (1) 8/21/2014		Name of Building Owner/Operator (2) Ogden & Zabriskie JC							
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 University Plaza STE 312							
		City, State, Zip Code Hackensack New Jersey 07601							
		Name of Contact Jason Licastro	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 437 Ogden Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 6000	# of Floors 3						
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8) Industrial Hygiene Consultants		ASCM No.	Name of Abatement Contractor (9) SHORELINE CONTRACTORS						
Street Address 605 Bloomfield Avenue suite 5		Street Address 85 KERO ROAD							
City, State, Zip Code Montclair NJ 07042		City, State, Zip Code CARLSTADT NJ 07072							
Project Manager for Monitoring Firm Uday Singh		Telephone No. 973-509-3320	Telephone No. 201-933-0033						
License No. 01230									
Start Date (10) 9/1/2014 (1)9/3/2014	Scheduled Completion Date (11) 12/31/2014	Name of OSHA Monitor KEVIN							
Occupancy Status During Abatement (Check Only One)		Street Address 85 KERO ROAD							
<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 CARLSTADT NEW JERSEY 07072							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	120 LF	X			
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION COMPANY		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 285	Name of Registered Landfill CYCLE CHEM, INC					
City, State SHIRLEY, NEW YORK		Disposal Date 5/30/2014		City, State ELIZABETH, NJ					
Completed by KAREN LOPEZ		Title ADMIN	Signature 	Date 8/21/2014					

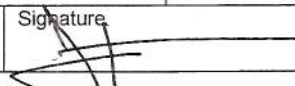
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

VIA U.S. MAIL
CH# 1094

Date of Notification (1) 8/22/14		Name of Building Owner/Operator (2) 690 Wainwright St. Co.	
Agency Notified <input checked="" type="checkbox"/> NEPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 131 North Michigan Ave. City, State, Zip Code Kenilworth, NJ 07033	
		Name of Contact HR Hard Abrams	Telephone Number AUG 26 2014
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 135 NO. MICHIGAN AVE		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 135 NO. MICHIGAN AVE		Square Feet 20000	# of Floors 1
City (5) KENILWORTH N.J.		Bldg. Age 80	
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BLD.
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.	
Start Date (10) 8/23/14		Scheduled Completion Date (11) 9/23/14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address P.O. Box 814	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code 010 BRIDGE N.J. 08857	
<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-Fixable Procedure.		Telephone No. 132 238x7500	
		License No. 00806	
Location of Asbestos-Containing Material (ACM) TO REABATED IN FACILITY (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A			
MAIN FLOOR FRONT OF BLD		X PIPE INSULATION 165 L/F	
Name of Registered Waste Hauler NOVATECH INC.		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.G.
City, State 010 BRIDGE N.J. 08857		Disposal Date 9/24/14	City, State Monksville PA
Completed by CARLOS A MEIDA, PRESIDENT		Signature <i>(Signature)</i>	Date 8/22/14

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

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

Date of Notification (1) 8/22/2014		Name of Building Owner/Operator (2) Salem City School District							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 205 Walnut Street		AUG 26 2014							
City, State, Zip Code Salem, NJ 08079									
Name of Contact Tony Sassine- Program Officer		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Salem Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51 New Market Street									
City (5) Salem	Square Feet 35,500	# of Floors 3	Bldg. Age 94						
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School/ Educational							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address N/A		Street Address 42 Ridge Road							
City, State, Zip Code N/A		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 610-933-4332						
			License No. 00836						
Start Date (10) 9/9/2014	Scheduled Completion Date (11) 9/23/2014	Name of OSHA Monitor Mark Conte- School Development Authority Safety							
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 32 E. Front Street							
		City, State, Zip Code Trenton, NJ 08625							
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
exterior			X	window caulk	160 lf	X			
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Refuse Authority					
City, State Freehold, NJ		Disposal Date 9/2014		City, State Birdsboro, PA					
Completed by Jeffrey A. LaRiviere		Title V.P.	Signature 			Date 8/22/2014			


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:120)

U-3321

AUG 26 2014

Date of Notification (1) 8-22-14		Name of Building Owner/Operator (2) JOE VEAUVE							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 102 S Dolly Ave							
		City, State, Zip Code Venon NJ							
		Name of Contact JOE V / MARK G	Telephone Number						
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 102 S Dolly Ave		Square Feet 2000							
City (5) Venon		# of Floors 3	Bldg. Age 70						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Air Jax 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.	Telephone No. 856 824 0971	License No. 01070						
Start Date (10) 9-3-14	Scheduled Completion Date (11) 12-3-14	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 checked="" type="checkbox"/> ≥ 8 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 checked="" type="checkbox"/> Wind-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Frable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				ACM (TANK)	50 SF	<input checked="" type="checkbox"/>			
Basement				Belt (ACM)	125 SF	<input checked="" type="checkbox"/>			
Basement				Pipe Insulation (ACM)	45 LF				
Name of Registered Waste Hauler Air Jax LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste 10 cu yd	Name of Registered Landfill WM of PA					
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by JWH		Title VP	Signature [Signature]		Date 8-22-14				

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

Date of Notification (1) 8-22-14		Name of Building Owner/Operator (2) Cohen Enterprises LLC						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Cliffwood Dr						
		City, State, Zip Code Allenstown NJ 08501						
		Name of Contact Alex						
Telephone Number _____								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bldg.		Type of Facility (4)						
Street Address 23 Elm Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Linwood		Square Feet 3000	# of Floors 3					
County (6) Union		Bldg. Age 70						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Bldg.						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address An Joe LLC						
City, State, Zip Code		City, State, Zip Code Delanco NJ 08075						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 9-4-14		Scheduled Completion Date (11) 12-4-14	Name of OSHA Monitor Self					
Occupancy Status During Abatement (Check only one)		Street Address						
<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: _____		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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-Feasible 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				Deck ACM	200 LF	<input checked="" type="checkbox"/>		
Basement				Sheet Rock	1000 SF	<input checked="" type="checkbox"/>		
Basement				Linoleum	600 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler An Joe LLC		NJ DEP Waste Hauler ID No. 20847	Cubic Yards of Waste 5	Name of Registered Landfill WM of Pa				
City, State Delanco NJ		Disposal Date TBD	City, State Tellertown Pa					
Completed by J Hill		Title JP	Signature 		Date 8-22-14			

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

Date of Notification (1) 8-22-14		Name of Building Owner/Operator (2) Coben Ent. LLC	
Agency Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	31 Cliffwood Dr Atlantic NJ 08501	
		Name of Contact Alex	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address 2313 Arctic Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Atlantic City		Square Feet	# of Floors
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		Am. Inc. LLC 1212 Burlington Ave Delanco NJ	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
8-2-14	12-2-14	856 824 0971	01070
Start Date (10)		Scheduled Completion Date (11)	
Occupancy Status During Abatement (Check only one)		Name of CSRA Monitor	
<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:		Self Street Address City, State, Zip Code	
Scope of Work: (Check all that apply)			
<input type="checkbox"/> ≤ 3 sf or ≤ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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-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)
Thru Out	Yes No N/A	ACM Floor tile	1610 SF
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
Am. Inc. LLC		20847	3
City, State Delanco NJ		Disposal Date	Name of Registered Landfill
Completed by J Hill		Signature J Hill	City, State Tullytown PA
Title VP		Date 8-22-14	

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

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

OK 3321

Date of Notification (1) 8-22-14		Name of Building Owner/Operator (2) Coben Enter LLC				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Cliffwood Ave City, State, Zip Code Allentown NJ 08501 Name of Contact Alex Telephone Number				
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 S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 239 N. Arizona Ave		Square Feet 3000				
City (5) Atlantic City		# of Floors 2				
County (6) Atlantic		Bldg. Age 70				
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Warehouse				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) An Joe LLC				
Street Address		Street Address 1212 Burlington Ave				
City, State, Zip Code		City, State, Zip Code Union NJ 08075				
Project Manager for Monitoring Firm		Telephone No. 656 824 0971				
Telephone No.		License No. 01070				
Start Date (10) 4-3-14		Scheduled Completion Date (11) 12-22-14				
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 checked="" type="checkbox"/> Other - Describe: Remo				
Street Address		City, State, Zip Code				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
Roofs		Flashing	1700 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler An Joe LLC		NJDEP Waste Hauler ID No. 70847	Cubic Yards of Waste 5	Name of Registered Landfill WM of PA		
City, State Delanco NJ		Dispose/Date 1000		City, State Tullytown PA		
Completed by J 411		Title VP		Signature [Signature]		Date 8-22-14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:00 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2) <i>Coker Enterprises LLC</i>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>31 Cliffwood Dr</i>					
		City, State, Zip Code <i>Allenhurst NJ 08501</i>					
		Name of Contact <i>Alex</i>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <i>warehouse</i>		Type of Facility (4)					
Street Address <i>27 N. Sovereign Ave</i>		<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) <i>Atlantic City</i>	Square Feet <i>10000</i>	# of Floors <i>2</i>	Bldg. Age <i>70</i>				
County (6) <i>Atlantic</i>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <i>warehouse</i>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address <i>Am Joe LLC</i>					
City, State, Zip Code		City, State, Zip Code <i>1212 Burlington Ave</i>					
Project Manager for Monitoring Firm		Telephone No. <i>Delanco NJ 08075</i>					
Telephone No.		Telephone No. <i>856 824 2971</i>					
License No. <i>01079</i>		Name of OSHA Monitor <i>Self</i>					
Start Date (10) <i>9-3-14</i>		Scheduled Completion Date (11) <i>12-30-14</i>					
Occupancy Status During Abatement (Check only one)		Street Address					
<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:		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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-Frable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LP)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<i>Basement</i>							
<i>Basement</i>			<i>Floor + 11 (ACM)</i>	<i>3600 SF</i>	<input checked="" type="checkbox"/>		
<i>Outside</i>			<i>Floor Paving (ACM) Siding</i>	<i>6 SF</i>	<input checked="" type="checkbox"/>		
				<i>2000 SF</i>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <i>Am Joe</i>		NJ DEP Waste Hauler ID No. <i>20847</i>	Cubic Yards of Waste <i>2004</i>	Name of Registered Landfill <i>WM of PA</i>			
City, State <i>Delanco NJ</i>		Disposal Date <i>TBD</i>		City, State <i>Tullytown PA</i>			
Completed by <i>J Hill</i>		Title <i>VP</i>		Signature <i>JH</i>		Date <i>8-22-14</i>	

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

B & G proj. #: 2014-147

Check # 6715

Date of Notification (1) <u>01/18/12 12/11/14</u>		Name of Building Owner/Operator (2) <u>Adrienne Chibbaro</u>	
Agencies Notified	Type Notification	Street Address <u>AUG 26 2014</u> <u>10 Burnett Street</u> City, State, Zip Code <u>Maplewood, NJ 07040</u> Name of Contact <u>Adrienne Chibbaro</u> Telephone Number _____	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Adrienne Chibbaro</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>10 Burnett Street</u>			Square Feet _____ # of Floors _____ Bldg. Age _____		
City (5) <u>Maplewood, NJ 07040</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>09/05/2014</u>		Sched. Completion Date (11) <u>09/06/2014</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>105 Ryerson Road</u>			
<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: _____		City, State, Zip Code <u>LincolnPark, NJ 07035</u>			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			<input checked="" type="checkbox"/>	boiler insulation	32 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement play room			<input checked="" type="checkbox"/>	pipe insulation	27 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gas meter area			<input checked="" type="checkbox"/>	pipe insulation	10 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"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/4</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>09/08/2014</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/22/2014</u>

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

B & G proj. #: 2014-142

Check # 6714

Date of Notification (1) <u>10/8/12/12/11/14</u>		Name of Building Owner/Operator (2) Krista A Fehrenbach	
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 5 1st Street AUG 26 2014	
	City, State, Zip Code Pequannock, NJ 07440		
	Name of Contact Colleen McMahon/Realtor		Telephone Number 9

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Krista A Fehrenbach			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 5 1st Street			Square Feet # of Floors Bldg. Age		
City (5) Pequannock	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 09/04/2014	Sched. Completion Date (11) 09/04/2014		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 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						
gas meter room			X	pipe	50 lf			X	
basement			X	pipe insulation	1/2 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/05/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/22/2014

Date of Notification (1) <u>10/8/12 12/11/14</u>		Name of Building Owner/Operator (2) <u>Hanan Jacobs</u>	
Agencies Notified	Type Notification	Street Address <u>75 Whittoesey Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>West Orange, NJ 07052</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Hanan Jacobs</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of facility where abatement is taking place (3) <u>Hanan Jacobs</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address <u>75 Whittoesey Avenue</u>			
City (5) <u>West Orange, NJ 07052</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Square Feet
			# of Floors
			Bldg. Age
			Current Use (Prior if being demolished) <u>residential</u>

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>B & G Restoration, Inc.</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>	
			License Number <u>00378</u>	
Scheduled Start Date (10) <u>09/03/2014</u>	Sched. Completion Date (11) <u>09/04/2014</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>	
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

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 checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe	60 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/4</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>09/04/2014</u>	City, State <u>Tullytown, PA</u>	

Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/22/2014</u>
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B & G proj. #: 2014-137

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

Check # 6712

Date of Notification (1) 10/8/12/12/11/4		Name of Building Owner/Operator (2) Lou Senerchia	
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 132 Central Avenue			
City, State, Zip Code Madison, NJ 07940			
Name of Contact Lou Senerchia		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lou Senerchia			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 132 Central Avenue			Square Feet		
City (5) Madison			County (6) Morris		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number (973)696-6869		
Phone Number			License Number 00378		
Scheduled Start Date (10) 09/03/2014			Sched. Completion Date (11) 09/04/2014		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ 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, laundry room, & family room)			X	pipe insulation	111 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1½	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/04/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/22/2014

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

B & G proj. #: 2014-121

Check # 6711

Date of Notification (1) <u>08/12/14</u>		Name of Building Owner/Operator (2) Jonathan Lai	
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 31 Pease Avenue		AUG 26 2014	
City, State, Zip Code Verona, NJ 07044			
Name of Contact Jonathan Lai		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jonathan Lai			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 31 Pease Avenue			Square Feet # of Floors Bldg. Age		
City (5) Verona	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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) 09/02/2014		Sched. Completion Date (11) 09/03/2014		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input 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 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 & bsmt crawl space			X	pipe insulation	135 lf	X			

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 09/03/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/22/2014

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

B & G proj. #: 2014-120

Check # 6710

Date of Notification (1) <u>10/8/12/11/14</u>		Name of Building Owner/Operator (2) Loretta Rukat	
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 73 Newman Avenue	
		City, State, Zip Code Bayonne, NJ 07002	
		Name of Contact Loretta Rukat	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Loretta Rukat			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 73 Newman Avenue			Square Feet # of Floors Bldg. Age		
City (5) Bayonne	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/02/2014		Sched. Completion Date (11) 09/03/2014		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
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: _____				City, State, Zip Code Lincoln Park, 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 type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	72 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/03/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/22/2014

D&S Proj. #: 2014-344

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

Date of Notification (1) 08/12/14		Name of Building Owner/Operator (2) JAY LOMBARDO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 436 EAST 36TH STREET		City, State, Zip Code PATERSON, NJ 07503	
Name of Contact JAY LOMBARDO		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JAY LOMBARDO			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 436 EAST 36TH STREET			Square Feet		
City (5) PATERSON			# of Floors		
County (6) PASSAIC			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____			Street Address 20 California Ave.		
City, State, Zip Code _____			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____			Telephone Number 973-345-8020		
Phone Number _____			License Number 01169		
Start Date (10) 08/23/14			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 09/10/14			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER		X		PIPE INSULATION	65 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/24/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/22/2014

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:20)

APPROVED
N.J. Dept. of Health & Senior Services
(signature)
Date: 8/21/14 Time: 9:50

Date of Notification (1)
10/8/12/14

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

Type Notification
☐ Initial
☐ Amended
Amendment #:
☒ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
JAY LOMBARDO

Street Address
436 EAST 36TH STREET

City, State, Zip Code
PATERSON, NJ 07503

Name of Contact
JAY LOMBARDO

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
JAY LOMBARDO

Street Address
436 EAST 36TH STREET

City (5)
PATERSON

County (6)
PASSAIC

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Street Address
City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
08/23/14

Sched. Completion Date (11)
09/10/14

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: NORMAL HOURS

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-344-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥180 sf or ≥280 lf
- ☒ Renovation
☐ Demolition

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER		X		PIPE INSULATION	65 L FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

City, State
PATERSON, NJ 07503

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
08/24/14

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
08/22/2014

ASR-41

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

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

CK 006329
D&S Proj. #: 2014-345

Date of Notification (1) 10/5/12/1/14		Name of Building Owner/Operator (2) YOSHIKI YAMZIKI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 706 GREELEY AVENUE City, State, Zip Code FAIRVIEW, NJ 07022 Name of Contact YOSHIKI YAMZIKI Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) YOSHIKI YAMZIKI Street Address 706 GREELEY AVENUE City (5) FAIRVIEW County (6) BERGEN County Code (7) (State use only)			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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
--	--	--	--

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/26/14 Sched. Completion Date (11) 09/10/14 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
---	--	---

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER		X		BOILER INSULATION	35 SQ FT	X			
BASEMENT		X		PIPE INSULATION	192 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/27/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/21/14

D&S Proj. #: 2014-345

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 8/21/14 Time: 2:00

Date of Notification (1)
08/15/2014

Name of Building Owner/Operator (2)
YOSHIKI YAMZIKI

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

Type Notification
☒ Initial
☐ Amended
 Amendment #: _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
706 GREELEY AVENUE

City, State, Zip Code
FAIRVIEW, NJ 07022

Name of Contact
YOSHIKI YAMZIKI

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
YOSHIKI YAMZIKI

Street Address
706 GREELEY AVENUE

City (5)
FAIRVIEW

County (6)
BERGEN

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter B (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
08/26/14

Sched. Completion Date (11)
09/10/14

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: NORMAL HOURS

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
- ☒ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER		X		BOILER INSULATION	35 SQ FT	X			
BASEMENT		X		PIPE INSULATION	192 L FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
08/27/14

City, State
TULLYTOWN, PA


Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
08/21/14

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

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) American Continental Properties, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 460 Park Avenue, 11th Floor		City, State, Zip Code New York, NY 10022							
Name of Contact Guy Morton		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former K-Mart Plaza		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 1817 Mount Holley Road		Square Feet 90,000+							
City (5) Burlington, NJ 08016		# of Floors 1							
County (6) Burlington		Bldg. Age 45+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No. NA							
Street Address 700 Turner Way		Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.							
City, State, Zip Code Aston, PA 19014		Street Address 550 East Union Street							
City, State, Zip Code West Chester, PA 19382		Telephone No. 610-701-9000							
Project Manager for Monitoring Firm Don Heim		License No. 00508							
Start Date (10) 4/21/14		Scheduled Completion Date (11) 9/26/14							
Name of OSHA Monitor AET		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7:00 AM to 3:30 PM							
Street Address 28 N. Pennell Road		City, State, Zip Code Media, PA 19063							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
KMart			X	VAT/Mastic	78,000 SF	X			
KMart			X	Duct Insulation	240 SF	X			
KMart			X	Transite	1,000 SF	X			
KMart			X	Roofing	42,550 SF	X			
Name of Registered Waste Hauler J.P. Fidler		NJDEP Waste Hauler ID No. 1620498		Cubic Yards of Waste 950	Name of Registered Landfill Days Cove Reclamation Company				
City, State 2101 Derby Drive, Cinnaminson, NJ				Disposal Date Various	City, State 6425 Days Cove Rd., White Marsh, MD				
Completed by Senya D. Isayeff		Title Operations		Signature 		Date 8/21/14			

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

check # 2766

GAC Project # 2014-9030

Date of Notification (1) August 21, 2014			Name of Building Owner/Operator (2) HILLYER RESIDENCE		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 75 GRAND AVENUE City, State, Zip Code WASHINGTON, NJ 08848 Name of Contact MR. BOB HILLYER Telephone Number AUG 26 2014	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) HILLYER RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: ~2,000SF # of Floors: 2 Bldg. Age: ~60+ years		
Street Address 75 GRAND AVENUE			Current Use (prior if being demolished): RESIDENCE		
City (5) WASHINGTON	County (6) WARREN	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.			Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 401 ST. JAMES AVENUE			Street Address 268 MAIN STREET		
City, State, Zip Code PHILLIPSBURG, NJ 08865			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm JON GILBERT		Telephone Number 908-454-6316	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 09/02/14		Scheduled Completion Date (11) 09/3/14		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement (NOT SUB 8) M-F 8AM - 5PM (24 Hours as needed)			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) PIPE INSULATION	Amount (Specify SF or LF) 150 LF	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Notes: None			Disposal Date 09/3/14	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date August 21, 2014

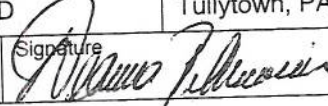
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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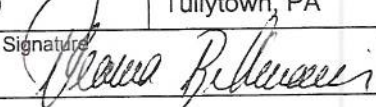
Date of Notification (1) 08-13-14		Name of Building Owner/Operator (2) Edgewood Properties							
Agencies Notified		Street Address 1260 Stelton Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Piscataway NJ 08854							
Type Notification		Telephone Number							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Adel Merdan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4)							
Street Address 180 Tabor Rd.		<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) Morris Plain		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.							
City, State, Zip Code		Street Address 522 7th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 0787							
Telephone No.		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 08-14-14		Name of OSHA Monitor Delfa Contracting LLC							
Scheduled Completion Date (11) 08-16-14		Street Address 522 7th St.							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Union City NJ 08087							
<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: 7:00 AM- 5:00 PM									
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
Trench under building slab		X		Transite panels	700 SF	X			
Trench under building slab		X		asbestos debris	300 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ		Disposal Date 08-15-14		City, State Tullytown, PA				Date 08-13-14	
Completed by Jaime Delgado		Title Proj. Manager.		Signature					

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

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

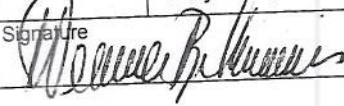
Date of Notification (1) 8/19/14		Name of Building Owner/Operator (2) Isabelle Pattaro							
Agencies Notified	Type Notification	Street Address 168-170 Greenwood Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Isabelle Pattaro							
		Telephone Number _____-_____-_____-							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 168-170 Glennwood Road		Square Feet N/A	# of Floors N/A						
City (5) Elizabeth		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 9/03/14	Scheduled Completion Date (11) 9/04/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	89 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 				Date 8/19/14	

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

Date of Notification (1) 8/19/14		Name of Building Owner/Operator (2) Jake Zandsra							
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 127 Grove Street							
		City, State, Zip Code Waldwick, NJ 07463							
		Name of Contact Jake Zandsra	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 127 Grove Street		Square Feet N/A	# of Floors N/A						
City (5) Waldwick		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address _____		Street Address 11 Rosengren Avenue							
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. #00675						
Start Date (10) 9/09/14	Scheduled Completion Date (11) 9/10/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	54 LF	X			
garage		X		pipe insulation	18 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 8/19/14			

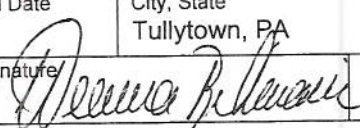
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 2362323

Date of Notification (1) 8/19/14		Name of Building Owner/Operator (2) Eric Bodak						
Agencies Notified	Type Notification	Street Address 90 Wellington Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078 Name of Contact Eric Bodack						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 90 Wellington Avenue		Square Feet N/A	# of Floors N/A					
City (5) Short Hills		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675					
Start Date (10) 9/11/14	Scheduled Completion Date (11) 9/12/14	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
basement		X	pipe insulation	18 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 			Date 8/19/14		

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

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

Date of Notification (1) 8/19/14		Name of Building Owner/Operator (2) Mark Covey							
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 410 Highland Avenue AUG 26 2014 City, State, Zip Code Newark, NJ 07104 Name of Contact Mark Covey Telephone Number 34						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) House Street Address 410 Highland Avenue City (5) Newark County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) House Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A # of Floors N/A Bldg. Age N/A								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685 License No. #00675						
Start Date (10) 9/10/14	Scheduled Completion Date (11) 9/11/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
storage room		X		pipe insulation	75 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 8/19/14			

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

Date of Notification (1) 8/22/14		Name of Building Owner/Operator (2) Delaware River Joint Toll Bridge Commission							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 110 Wood Street		City, State, Zip Code Morrisville, PA 19067							
Name of Contact James Shelly, District 2 Superintendent		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Riverton-Belvidere Maintenance Garage		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 Span across the Delaware River from Riverton, PA to Belvidere, NJ		Square Feet 5,100							
City (5) Belvidere		# of Floors 1	Bldg. Age +20 years						
County (6) Warren		County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished) Maintenance Garage (to be demolished)									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Mattiola Services, LLC							
City, State, Zip Code		Street Address 2082 B Lucon Road							
Project Manager for Monitoring Firm		City, State, Zip Code Skippack, PA 19474							
Telephone No.		Telephone No. 610.539.5634							
Start Date (10) 9/5/14		License No. 01077							
Scheduled Completion Date (11) 10/31/14		Name of OSHA Monitor Mattiola Services, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant and scheduled for demolition		Street Address 2082 B Lucon Road							
		City, State, Zip Code Skippack, PA 19474							
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
Maintenance Garage Roof			X	Corrugated Roof Panels	5,100 SF	X			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste	Name of Registered Landfill Waste Management, Inc.				
City, State Keyport, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Caroline M. Harper		Title Project Manager		Signature <i>Caroline Harper</i>			Date 8/22/14		

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

Date of Notification (1) 05 / 01 / 14			Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 126 E. Lincoln Avenue		City, State, Zip Code Rahway, NJ 07065			
		Name of Contact Gerry Stankovitz		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 80Y				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 126 E. Lincoln Avenue				City (5) Rahway					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		ASCM No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.					
Street Address 655 West Shore Trail		City, State, Zip Code Sparta, NJ 07871		Street Address 8436 Enterprise Avenue					
Project Manager for Monitoring Firm Lisa Liloia		Telephone No. 973-729-5649		Telephone No. 215-365-5810		License No. 1156			
Start Date (10) 5 / 26 / 14		Scheduled Completion Date (11) 11 / 26 / 14		Name of OSHA Monitor USA Environmental Management, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM / ____ PM- ____ AM				Street Address 8436 Enterprise Avenue					
				City, State, Zip Code Philadelphia, PA 19153					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</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
Laboratory Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Table Tops and Fume Hoods	12,870 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd and 3 rd Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	51,560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Flange Caulks	30,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	6,640 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage Inc.		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1200	Name of Registered Landfill Lycoming County RMS				
City, State Freehold, NJ		Disposal Date 8/26/2014		City, State Montgomery, PA					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature		Date			

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

Check

AUG 26 2014

Date of Notification (1)
8/20/14

Name of Building Owner/Operator (2)
Antonio Mendez

Street Address
25-27 Morristown Road

City, State, Zip Code
Elizabeth, NJ 07208

Name of Contact
Antonio Mendez

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Facility Information

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

Street Address
25-27 Morristown Road

City (5)
Elizabeth

County (6)
Union

County Code (7)
(STATE USE ONLY)

ASCM No.

Type of Facility (4)

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

Square Feet
2200

of Floors
2

Bldg. Age
60

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-583-8500

License No.
703

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
8/21/14

Scheduled Completion Date (11)
8/29/14

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe:

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-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
living room			X	pipe insulation	10 LF	X		
dining room			X	pipe insulation	10 LF	X		
basement			X	pipe insulation	120 LF	X		

Name of Registered Waste Hauler
Freehold Cartage

City, State
Freehold NJ

Completed by
A. Scott Higgins

Title
President

NJDEP Waste Hauler ID No.
15959

Cubic Yards of Waste

Disposal Date
TBD

Name of Registered Landfill
TBD

City, State

Signature

Date
8/20/14

* Do not use this form for asbestos licensure exempted

CHECK #
3404

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

Date of Notification (1) <u>8/22/14</u>		Name of Building Owner/Operator (2) <u>EARTITECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended 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>1</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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1139 WESLEY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>KLEMCO INC.</u>	
Street Address <u>369 S. SPRUCE AVE.</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		Telephone No. <u>856-779-0422</u>	
Project Manager for Monitoring Firm <u>JOSEPH KLEMM</u>		License No. <u>00444</u>	
Start Date (10) <u>9/3/14</u>		Scheduled Completion Date (11) <u>9/10/14</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>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 II <input type="checkbox"/> 2160 SF or 2260 II <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address <u>369 S. SPRUCE AVE.</u>	
Full Containment with Negative Pressure Min. Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frangible Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
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)		Amount (Specify SF or LF) <u>3000 SF</u>	
Abatement Type Removal Repair Encapsulation In-place Other		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		City, State <u>WOODBINE, N.J.</u>	
NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u>8/22/14</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>8/22/14</u>	

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

JK 7/26/8

Date of Notification (1) 08 / 22 / 14		Name of Building Owner/Operator (2) Nancy Urban		AUG 26 2014				
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 27 Longwood Dr						
		City, State, Zip Code Stratford NJ. 08084						
Name of Contact Nancy Urban			Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Urban Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 27 Longwood Dr.				Square Feet 1800	# of Floors 2			
City (5) Stratford				Bldg. Age 60+				
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) None				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International,		ASCM No.		Name of Abatement Contractor (9) Luzon, Inc.				
Street Address 34 E Germantown Pike # 204		Street Address 8451 Executive Ave.						
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code Philadelphia, Pa. 19153						
Project Manager for Monitoring Firm Raymond Giordano		Telephone No. 610 277 0405		License No. 01109				
Start Date (10) 8 / 23 / 14		Scheduled Completion Date (11) 8 / 24 / 14		Name of OSHA Monitor Joseph Maronski				
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: 8:00AM-4:00PM / ____ PM- ____ AM				Street Address 8451 Executive Avenue				
				City, State, Zip Code Philadelphia, Pa. 19153				
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) 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) 40 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe Insulation		<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 Luzon, Inc.		NJDEP Waste Hauler ID No. 32587		Cubic Yards of Waste 1 CYS.		Name of Registered Landfill Minerva Landfill		
City, State Philadelphia, PA		Disposal Date 8/25/14		City, State Tullytown, PA				
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature <i>Piyush Patel</i>		Date 8-22-14		