

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

B & G proj. #: 2013-132

Check # 6077

Date of Notification (1) 10/8/12/6/11/3		Name of Building Owner/Operator (2) Deborah Gill		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 150px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; margin: 5px auto; width: 100px;">AUG 29 2013</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; margin: 5px auto; width: 150px;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address 5 Yorktown Terrace		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Livingston, NJ 07039		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Deborah Gill		
<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) Deborah Gill			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 Yorktown Terrace			Square Feet    # of Floors    Bldg. Age		
City (5) Livingston, NJ 07039	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 09/06/2013		Sched. Completion Date (11) 09/07/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)				Street Address 105 Ryerson Road	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code Lincoln Park, NJ 07035	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

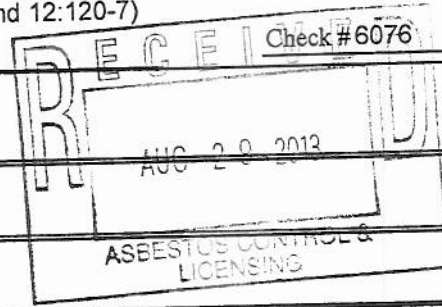
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut            |
| <input type="checkbox"/> >3 sf or >3 lf |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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	VAT & mastic	213 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	thin duct insulation	10 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/09/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/26/2013

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

B & G proj. #: 2013-143



Date of Notification (1) <u>10/8/12</u> <u>6/11/13</u>		Name of Building Owner/Operator (2) <u>Caroline Nochimson</u>		RECEIVED AUG 28 2013 ASBESTOS CONTROL & LICENSING
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		
		Street Address <u>103 Lorraine Avenue</u>		
		City, State, Zip Code <u>Upper Montclair, NJ 07043</u>		
		Name of Contact <u>Caroline Nochimson</u>		
		Telephone Number _____		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Caroline Nochimson</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>103 Lorraine Avenue</u>				Square Feet    # of Floors    Bldg. Age	
City (5) <u>Upper Montclair</u>		County (6) <u>Essex</u>		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>				Name of Abatement Contractor (9) <u>B &amp; 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>	
Scheduled Start Date (10) <u>09/06/2013</u>		Sched. Completion Date (11) <u>09/07/2013</u>		License Number <u>0378</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: _____					
Name of OSHA Monitor <u>B &amp; 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 type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> wrap & cut         |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Glovebag procedure |
|  |  |   | <input type="checkbox"/> Non-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation (7 locations)	7 lf (1 lf/location)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	fittings	50 fittings	<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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>1 yard</u>		Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>09/09/2013</u>		City, State <u>Tullytown, PA</u>		Date <u>08/26/2013</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>			



CK 124

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

Print Form

**RECEIVED**

AUG 29 2013

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08-22-2013		Name of Building Owner/Operator (2) SETH GREEN	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 241 St. Arlington Ave.		City, State, Zip Code East Orange N.J.	
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Name of Contact SETH GREEN	
Street Address 241 St. Arlington Ave.		Telephone Number	
City (5) East Orange N.J.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
County (6)		Square Feet 20000	
County Code (7) (STATE USE ONLY)		# of Floors 4	
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 92	
ASCM No.		Current Use (Prior if being demolished) N/A	
Street Address		Name of Abatement Contractor (9) SHARON QUALITY CO LLC	
City, State, Zip Code		Street Address 22-VAN ORDEN PL	
Project Manager for Monitoring Firm N/A		City, State, Zip Code HACKENSACK N.J. 07601	
Start Date (10) 08-31-2013		Telephone No. 201-708-4270	
Scheduled Completion Date (11) 09-02-2013		License No. 01135	
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 Other - Describe:		Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥25 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		Street Address 307 West 38th Street	
City, State, Zip Code New York, NY 10018			
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 X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 418 LF.	
Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler Sharon Quality Construction		NJDEP Waste Hauler ID No. 6033467	
City, State Hackensack N.J. 07601		Cubic Yards of Waste TBD	
Name of Registered Landfill Minerva Enterprise Inc.		Disposal Date TBD	
City, State Waynesburg, OHIO			
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	
Signature <i>[Signature]</i>		Date	

\* Do not use this form for asbestos Renovation exempted activities.



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

*Sheet # 10491*

**GAC Project # 403-13**

Date of Notification (1) <b>August 21, 2013</b>		Name of Building Owner/Operator (2) <b>FAIRLEIGH DICKINSON UNIVERSITY</b>	
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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>100 UNIVERSITY PLAZA</b>		City, State, Zip Code <b>HACKENSACK, NJ 07601</b>	
Name of Contact <b>MR. CRAIG GORCZYCA</b>		Telephone Number <b>973-492-0477</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>FAIRLEIGH DICKINSON UNIVERSITY - FLORENCE TWOMBLEY DORMITORY</b>		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 <b>285 MADISON AVENUE - FDU MADISON CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>MADISON</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIRONMENTAL DESIGN, INC.</b>		ASCM No. <b>0095</b>	
Street Address <b>5434 KING AVENUE - SUITE 101</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>PENNSAUKEN, NJ 08109</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>JAY MURRAY</b>		Telephone Number <b>609-221-0073</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>08/22/13</b>		Scheduled Completion Date (11) <b>08/23/13</b>	
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: <b>(NOT SUB 8) Area Vacated for duration of work</b> <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>Hours MON 8AM - 4PM (O&amp;M, Glovebag and/or wrap &amp; cut as needed)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Source 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 <b>20-21 WARGARAW ROAD</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Boiler Room</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
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.) <b>TSI</b>	
Amount (Specify SF or LF) <b>25 LF</b>		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b>		Cubic Yards of Waste: <b>5 CY</b>	
NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Notes: <b>None</b>		Disposal Date <b>08/23/13</b>	
City, State <b>Morrisville, Pa 19067</b>		215-736-1700	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>August 21, 2013</b>	



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

Date of Notification (1)  
**8-20-13**

Agencies Notified

[ ] EPA  
[ ] DEP  
[X] DOL  
[X] DOH  
[ ] DCA

Type Notification

[X] Initial Notification  
[X] Amended Notification  
[ ] EMERGENCY  
[ ] Cancellation

Name of Building Owner/Operator (2)

**Dana Cimilluca**

Street Address

**7 Dorset Lane**

City, State, Zip Code

**Summit, NJ,**

Name of Contact

**Dana Cimilluca**

**RECEIVED**  
**AUG 29 2013**

ASBESTOS CONTROL &  
Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

**Same as above**

Street Address

City (5)

County (6) **Essex**

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet **1650** # of Floors **2** Bldg. Age **65**

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

**N/A**

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

**AZTECH MANAGEMENT, Inc.**

Street Address

**86 Christopher St.**

City, State, Zip Code

**Montclair, NJ 07042**

Telephone Number

**(973) 744-8800**

License Number

**00371**

Project Manager for Monitoring Firm

Telephone Number

**N/A**

Scheduled Start Date (10)

**9-3-13**

Sched. Completion Date (11)

**9-4-13**

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript

[ ] Other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

[X]  $\geq 3$  sf or  $\geq 3$  lf  
[ ]  $\geq 160$  sf or  $\geq 260$  lf

[X] Renovation  
[ ] Demolition

[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[X] Glovebag Procedure  
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	E	E
<b>Basement</b>			<b>X</b>	<b>Duct Insulation</b>	<b>60 SF</b>	<b>X</b>				

Name of Registered Waste Hauler  
**AZTECH MANAGEMENT, INC.**

NJDEP Waste Hauler ID No.  
**17040**

Cubic Yards of Waste **1.5**

Name of Registered Landfill  
**G.R.O.W.S.**

City, State  
**Montclair, NJ 07042**

Disposal Date  
**9-5-13**

City, State  
**Morrisville, PA 19067**

Completed By (Print or Type)  
**Constantine Vivian**

Title  
**President**

Signature

Date  
**8-20-13**

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

MO#20613924808

Emergency Notification

2013 AUG 25 AM 10:32

Date of Notification (1) 08 / 23 / 13		Name of Building Owner/Operator (2) Zachary Crump							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 96 May Street City, State, Zip Code Hawthorne, NJ 07506 Name of Contact Zachary Crump							
<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> <b>APPROVED</b>          NJ Dept. of Health &amp; Senior Services  <i>(Signature)</i>          Date: 8/23/13 1:25 PM       </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 96 May Street		Square Feet							
City (5) Hawthorne, NJ 07506		# 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 Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		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. 973-638-1777							
Start Date (10) 08 / 25 / 13		License No. 01127							
Scheduled Completion Date (11) 08 / 26 / 13		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E							
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		City, State, Zip Code Fair Lawn, NJ 07410							
<input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type)		Title		Signature		Date			

P001/004

Aug 23 2013 02:33 PM



Check# 1709

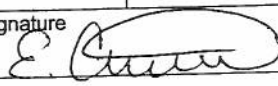
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>08</u> / <u>26</u> / <u>13</u>		Name of Building Owner/Operator (2) <b>Stephen Wilson</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>41 Morningside Road</b>							
		City, State, Zip Code <b>Verona, NJ 07044</b>							
		Name of Contact <b>Stephen Wilson</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Private house</b>		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 <b>41 Morningside Road</b>		Square Feet	# of Floors						
City (5) <b>Verona, NJ 07044</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Gr Tech LLC</b>		Name of Abatement Contractor (9) <b>Gr Tech LLC</b>							
Street Address		Street Address <b>576 Valley Rd #283</b>							
City, State, Zip Code		City, State, Zip Code <b>Wayne, NJ 07470</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-638-1777</b>	License No. <b>01127</b>						
Start Date (10) <u>09</u> / <u>04</u> / <u>13</u>	Scheduled Completion Date (11) <u>09</u> / <u>05</u> / <u>13</u>	Name of OSHA Monitor <b>Envirovision Consultants, Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>20-21 Wagaraw Road, Bldg. # 35 E</b>							
		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >150 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe insulation</b>	<b>35 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Gr Tech LLC</b>		NUDEP Waste Hauler ID No. <b>0033785</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>T.R.R.F. Inc</b>					
City, State <b>Wayne, NJ 07470</b>		Disposal Date <b>TBD</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>N.Jevtic</b>		Title <b>Owner</b>		Signature <i>N. Jevtic</i>		Date <b>08/26/2013</b>			

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

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

CK# 0259

Date of Notification (1) 8-26-2013		Name of Building Owner/Operator (2) Housing Authority of Bergen County							
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 One Bergen County Plaza, Floor 2							
		City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact Joe Giannetti	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 105 Main Street		Square Feet	# of Floors 3						
City (5) East Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp.						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
		License No. 01193							
Start Date (10) 9-9-2013	Scheduled Completion Date (11) 9-16-2013	Name of OSHA Monitor Loznica Management Corp.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	60 LF	x			
Basement			x	Furnace Insulation	20 SF	x			
Floors 1, 2, 3			x	Linoleum	178 SF	x			
Floor 3 Air Condition Unit			x	Block Insulation A/W	3 SF	x			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by E. Cirovic		Title Secretary		Signature 		Date 8-26-2013			

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



2030

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

2013 AUG 29 AM 10:52

Date of Notification (1) <b>8-27-13</b>		Name of Building Owner/Operator (2) <b>HAROLD GULL</b>	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>2 COLONIAL CT</b>		City, State, Zip Code <b>MARLAPAN NJ</b>	
Name of Contact <b>Harold</b>		Telephone Number <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Gr 11 Residence</b>		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 <b>2 Colonial CT</b>		Square Feet <b>1800</b>	
City (5) <b>MARLAPAN</b>		# of Floors <b>2</b>	
County (6) <b>Monmouth</b>		Bldg. Age <b>57</b>	
County Code (7) (STATE USE ONLY) <b>03</b>		Current Use (Prior to being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address <b>95 Montrose Rd</b>	
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, NJ 07722</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-294-1757</b>	
Start Date (10) <b>9-10-13</b>		License No. <b>00029</b>	
Scheduled Completion Date (11) <b>9-10-13</b>		Name of OSHA Monitor <b>Ace Insulation Co Inc</b>	
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: <b>7 AM - 7 PM</b>		Street Address <b>95 Montrose Rd</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 1/2 ft or 2 3 ft <input type="checkbox"/> 2 1/2 ft or 2 3 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Colts Neck, NJ 07722</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY (13)</b>		Is Location Normally Used Solely by Maintenance Custodian Staff? (12) <div style="display: flex; justify-content: space-between;"><div>Yes</div><div>No</div><div>N/A</div></div>	
<b>1 in fee room</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSIT: ARE VENTS W/ CEMENT &amp; MASTIC SEAL ONLY</b>	
		Amount (Specify SF or LF) <b>18 LF</b>	
		Abatement Type <div style="display: flex; justify-content: space-between;"><div>Remove</div><div>Repair</div><div>Encapsulate</div></div>	
Name of Registered Waste Hauler <b>Ace Insulation Co Inc</b>		NJDEF Waste Hauler ID No. <b>12086</b>	
City, State <b>Colts Neck NJ</b>		Cubic Yards of Waste <b>0</b>	
Name of Registered Landfill <b>GROWS</b>		City, State <b>Tully Town PA</b>	
Disposal Date <b>8-27-13</b>		Signature <b>Gary Gull</b>	
Completed by <b>Gary Gull</b>		Title <b>President</b>	

ASB-41

\* Do not use this form for asbestos license exempted activities.



ck # 1908.

Print Form

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

Date of Notification (1) 7/26/13		Name of Building Owner/Operator (2) Tovaste Managemnet LLC							
Agencies Notified	Type Notification	Street Address 555 Secaucus Road,							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Secaucus, NJ 07094							
		Name of Contact Prasad Gurnani	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 854 Newark Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City NJ		Square Feet 2500 SF	# of Floors 3						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age +50						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address N/A		Street Address 567-52nd Street Suite#16							
City, State, Zip Code N/A		City, State, Zip Code West New York, NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 001144						
Start Date (10) 8/9/13	Scheduled Completion Date (11) 8/22/2013	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 Hours</u>		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	TRANSITE PIPE	4 LF	X			
FIRST FLOOR			X	9x9 Floor tile	500 SF	X			
BASEMENT			X	PIPE INSULATION	75 LF	X			
Name of Registered Waste Hauler Tri State Transfer Assoc Inc		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State 1199 Randall Ave, Bronx NY			Disposal Date	City, State Waynesburg OH 44668					
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>	Date 7/26/13					



No Check

ASB-41  
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\* Do not use this form for asbestos licensure exempted activities.



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

*No Check*

Date of Notification (1) <u>7/30/13</u>		Name of Building Owner/Operator (2) <u>David Bitterman</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>174 Springdale Rd.</u>						
		City, State, Zip Code <u>Princeton, NJ 08540</u>						
		Name of Contact <u>David Bitterman</u>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>174 Springdale Rd.</u>		Square Feet <u>3200</u>	# of Floors <u>2</u>					
City (5) <u>Princeton, NJ 08540</u>		Bldg. Age <u>80</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>8/23/13</u>	Scheduled Completion Date (11) <u>8/27/13</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 3:30pm</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input 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 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
<u>Basement</u>			<u>Thermal Pipe Insulation</u>	<u>210 lf</u>	<input checked="" type="checkbox"/>			
<u>Crawlspace</u>			<u>Thermal Pipe Insulation</u>	<u>30 lf</u>	<input checked="" type="checkbox"/>			
<u>Attic</u>			<u>Thermal Duct Insulation</u>	<u>10 sf</u>	<input checked="" type="checkbox"/>			
<u>1st Fl. Bathroom</u>			<u>VAT</u>	<u>24 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ 08501</u>			Disposal Date <u>8/27/13</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature _____			Date <u>7/30/13</u>			



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

UC# 18242

Date of Notification (1) 8/27/2013		Name of Building Owner/Operator (2) TOM STAPP							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 373 SUNSET BOULEVARD							
		City, State, Zip Code WYCKOFF, NJ 07481							
		Name of Contact TOM STAPP	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 373 SUNSET BOULEVARD		Square Feet	# of Floors						
City (5) WYCKOFF		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 9/7/2013	Scheduled Completion Date (11) 9/12/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
BASEMENT		X		PIPE	110 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 9/12/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 8/27/2013					



CHECK #  
2896

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:121)

Date of Notification (1) <u>8/20/13</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DON <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>23 KING ST.</u>	
		City, State, Zip Code <u>RIO GRANDE, N.J. 08242</u>	
		Name of Contact <u>SAME</u>	
Telephone Number 			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)	
Street Address <u>8 RAILROAD AVENUE</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial dwelling homes, etc.)	
City (5) <u>CAPE MAY COURT HOUSE</u>		Square Feet <u>2000</u>	# of Floors <u>2</u> Bldg Age <u>40+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00000000</u>
Start Date (10) <u>9/9/13</u>	Scheduled Completion Date (11) <u>9/16/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>369 S. SPRUCE AVE</u>	
<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 <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 151 or 211 <input checked="" type="checkbox"/> 160 51 or 2760 n		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1') and Non-Fiber Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>TRANSITE</u>			<u>SIDING</u>
Name of Registered Waste Hauler <u>KLEMM INC.</u>		NUOE Waste Hauler ID No. <u>17901</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	Name of Registered Landfill <u>CHEMUN</u>
			City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>8/27/13</u>



CHECK #  
2890

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

Date of Notification (1) <u>8/27/13</u>		Name of Building Owner/Operator (2) <u>EMER TECH 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>CINCINNATI, N.J. 08230</u>		
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u></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>1412 ASBURY AVE.</u>		Square Feet <u>1000</u>		
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>		
County (6) <u>CAPE MAY</u>		Bldg Age <u>40+</u>		
Country Code (7) (STATE USE ONLY) <u></u>		Current Use (Prior to being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>		
Street Address <u></u>		Street Address <u>369 S. SPRUCE AVE.</u>		
City, State, Zip Code <u></u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>856-779-0422</u>		
License No. <u></u>		License No. <u>00444</u>		
Sign Date (10) <u>9/3/13</u>		Scheduled Completion Date (11) <u>9/10/13</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		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 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-Frangible Procedure		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>		
Asbestos Containing Material (ACM) Table				
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
<u>SIDING</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	<u>TRANSITE</u>	<u>2000#</u>	<input checked="" type="checkbox"/> Removal
<u></u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<u></u>	<u></u>	<input type="checkbox"/> Removal
<u></u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<u></u>	<u></u>	<input type="checkbox"/> Removal
<u></u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<u></u>	<u></u>	<input type="checkbox"/> Removal
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>		
City, State <u>MAPLE SHADE, N.J. 08052</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>		
Disposal Date <u></u>		City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>		
Title <u>OWNER</u>		Date <u>8/27/13</u>		



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

Check # 7256

Date of Notification (1) <b>8/23/13</b>		Name of Building Owner/Operator (2) <b>New Jersey Department of Military Affairs</b>	
Agencies Notified	Type of Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>101 Eggerts Crossing Road</b>	
<input type="checkbox"/> DEP		City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification	<b>Lawrenceville, NJ 08648</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>William McBride</b>	

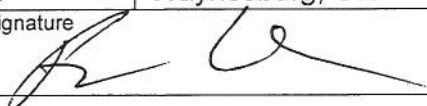
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Hackettstown Armory</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>901 Willow Grove Road</b>			Square Feet <b>40000</b>	# of Floors <b>2</b>	Bldg. Age <b>~70</b>
City (5) <b>Hackettstown</b>	County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>armory</b>		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>9/5/13</b>	Sched. Completion Date (11) <b>9/13/13</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
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>partially vacant</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Expansion joints		x		VAT and mastic	15 SF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>9/20/13</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>8/23/13</b>

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

Check # 7257

Date of Notification (1) 8/23/13		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified	Type of Notification	Street Address 101 Eggerts Crossing Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact William McBride	
<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) Somerset Armory			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1060 Hamilton Street			Square Feet 40000		
City (5) Somerset			County (6) Somerset		# of Floors 2
County Code (7) (STATE USE ONLY)			Bldg. Age ~80		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			Current Use (Prior if being demolished) armory		
ASCM No. 00110			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 9/3/13	Sched. Completion Date (11) 9/13/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Room 220 and adjacent		x		VAT and mastic	750 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 9/20/13		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/23/13



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

Check # 7255

Date of Notification (1) 8/23/13		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type of Notification [X] Initial Notification	Street Address 101 Eggerts Crossing Road	
	[ ] Amended Notification	City, State, Zip Code Lawrenceville, NJ 08648	
	[ ] Cancellation	Name of Contact William McBride	Telephone Number [REDACTED]

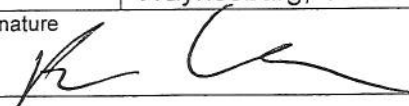
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hammonton Armory			Type of Facility (4) [ ] School (K-12) [X] Subchapter 8 (Other than K-12) [X] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address Egg Harbor Road			Square Feet 40000	# of Floors 2	Bldg. Age ~70
City (5) Hammonton	County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) armory		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 9/9/13	Sched. Completion Date (11) 9/20/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours – Describe: [X] Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

- ☐ Demolition  
☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf
- ☐ Renovation
- ☐ Full Containment with Negative Pressure  
☒ Mini – Enclosure  
☐ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A R U	E N C L O S U	E N C L O S U
Bathroom		x		Transite wall panels	150 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 9/20/13	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/23/13

Aug 16 2013 07:48am

P001/001

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

CHECK #0248

Date of Notification (1) 8-15-2013		Name of Building Owner/Operator (2) SJ Paving		APPROVED NJ Dept. of Health & Senior Services (signature) Date: 8-15-2013 Time: 6:41					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 725 Jackson Ave. City, State, Zip Code Linden, NJ 07036 Name of Contact Wellington 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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 54 Norman Place			Square Feet 2000						
City (5) Tenafly			# of Floors 2						
County (6) Bergen			Bldg. Age 50+						
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035					
City, State, Zip Code n/a		Telephone No. 973-706-7950		License No. 01193					
Project Manager for Monitoring Firm n/a		Telephone No.		Name of OSHA Monitor Loznica Management Corp.					
Start Date (10) 8-16-2013		Scheduled Completion Date (11) 8-17-2013		Street Address 22 Troy Lane					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Shingles	1,000 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Lincoln Park, NJ 07035				Disposal Date TBD		City, State Monsville PA 19067			
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 8-15-2013			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:120)

CHECK 0280

Date of Notification (1) 8-26-2013		Name of Building Owner/Operator (2) RPM Development Group		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Korman</i> (signature) Date: 8/26/13 Time: 12:51 PM					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 77 Park Street City, State, Zip Code Montclair, NJ 07042 Name of Contact Amber Telephone Number					
<b>FACILITY INFORMATION</b>									
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 50 Trinity Street			Square Feet						
City (5) Newton			# of Floors						
County (6) Sussex			Bldg. Age 50+						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) House for Demo						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp.					
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035					
City, State, Zip Code n/a		Telephone No. n/a		Telephone No. 973-706-7950					
Project Manager for Monitoring Firm n/a		License No. 01193		Name of OSHA Monitor Loznica Management Corp.					
Start Date (10) 8-27-2013		Scheduled Completion Date (11) 8-29-2013		Street Address 22 Troy Lane					
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 Other -- Describe: 9am - 5pm				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> *WRAP & CUT PROCEDURES 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	Enclosure
Basement			X	Asbestos Pipe Insulation	50 LF	X			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 8-26-2013			

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 26, 2013		Name of Building Owner/Operator (2) Chelsea Village Apartments	
Agencies Notified	Type of Notification	Street Address 3300 Fairmount Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Atlantic City, NJ 08401	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact Loretta McCormick	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Providence Apartment			Type of Facility (4)		
Street Address 3300 Fairmount Avenue			<input type="checkbox"/> School (K-12)		
City Atlantic City			<input type="checkbox"/> Subchapter 8 (other than K-12)		
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Square feet 20,000 sf	# of Floors 2	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/26/13		Scheduled Completion Date (11) 9/20/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Piscataway, New Jersey 08854		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Glovebag Procedure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<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			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
Crawlspace	X			Asbestos pipe insulation	2200 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 30	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/23/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 8/26/2013		

\*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) <b>August 26, 2013</b>		Name of Building Owner/Operator (2) <b>Chelsea Village Apartments</b> <i>Ch sent was</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>3300 Fairmount Avenue</b> <i>22326</i>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Atlantic City, NJ 08401</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Loretta McCormick</b>	<i>[Redacted]</i>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hartford Apartment</b>			Type of Facility (4)		
Street Address <b>3300 Fairmount Avenue</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City <b>Atlantic City</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Square feet <b>20,000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>	
Scheduled Start Date (10) <b>8/26/13</b>		Scheduled Completion Date (11) <b>9/20/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)			<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		
<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		

Location of Asbestos-Containing Material (ACM) in facility (13) <b>TO BE ABATED</b>	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
Crawlspace	X			Asbestos pipe insulation	2200 lf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>9/23/13</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>8/26/2013</b>

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