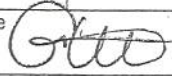


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

Off #3759

2015 AUG 31 AM 8:19
RECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2) Kearny Board of Education							
Agencies Notified	Type Notification	Street Address 100 Davis Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Mr. Mark Brucino	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kearny High School		Type of Facility (4)							
Street Address 336 Devon Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Kearny, New Jersey 07032		Square Feet	# of Floors						
		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 2 Crosswick Street		Street Address 606 McBride Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	License No. 01104						
Start Date (10) 08/27/15	Scheduled Completion Date (11) 09/03/15	Name of OSHA Monitor J&S Environmental Labs, LLC							
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: _____		City, State, Zip Code Union, New Jersey 07083							
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) 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
school			x	52 windows removal, coking & cov	.	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ			Disposal Date	City, State Morrisville, Pennsylvania					
Completed by Momo Glavatovic		Title Vice President	Signature 	Date 08/25/15					

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

ASB-41
JAN 13

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

OK 14781

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 AND 12:120)

Date of Notification (1) 8/27/15		Name of Building Owner/Operator (2) Summit School District	
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		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 14 Beekman Terrace		City, State, Zip Code Summit, NJ 07901	
Name of Contact Mr. Louis Pepe		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Jefferson Elementary 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 110 Ashwood Ave			
City (5) Summit	County (6) Union	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 00127	
Street Address 307 N Walnut Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code West Chester, PA 19380		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Matt Abraham		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 610-996-3515		Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 8/28/2015		Scheduled Completion Date (11) 9/01/2015	
Name of OSHA Monitor MTM Metro Corporation			
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 by other trades		Street Address 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Media Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A X	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT, Mastic	Amount (Specify SF or LF) 2,200 SF
		Abatement Type Rem. Rep. Encap Enclose X X	
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 25
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 8/27/2015	City, State Tullytown, PA

ASB-41

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

08/26/2015 10:48

NO. 783 #882

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



Date of Notification (1) August 25, 2015		Name of Building Owner/Operator (2) Robert Sarson Check # 2342					
Agencies Notified	Type Notification	Street Address 25 Ardmore Terrace					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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	City, State, Zip Code Collingswood, NJ 08108					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Paul Chick					
Telephone Number							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		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 25 Ardmore Terrace		Square Feet 1650	# of Floors 2				
City (5) Collingswood		Bldg. Age 80					
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shado Environmental, LLC				
Street Address PO 341		Street Address 823 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Welsgarber		Telephone No. 609-298-4070	Telephone No. 856-765-0088				
		License No. 00842					
Start Date (10) August 29, 2015	Anticipated Completion Date (11) August 30, 2015	Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Residential		Street Address 200 Route 130 North					
		City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Attic		XXX	Pipe Insulation	10 LF	X		
Basement		XXX	Pipe Insulation	4 LF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill			
City, State Freehold, NJ		Disposal Date 8/29/2015		City, State Newburg, PA			
Completed by Diana Lynch		Title Owner	Signature 	Date 8/25/2015			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Check #1456

Date of Notification (1) 8/26/15		Name of Building Owner/Operator (2) Courtland St Loft LLC							
Agencies Notified		Type Notification		Street Address					
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		958 Main Str Suite 3					
				City, State, Zip Code Paterson NJ 07503					
				Name of Contact	Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Demolition Site				Type of Facility (4)					
Street Address 47-57 Camden Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Paterson				Square Feet	Bldg. Age 50+				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp					
Street Address n/a				Street Address 22 Troy Lane					
City, State, Zip Code n/a				City, State, Zip Code Lincoln Park NJ 07035					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 9737067950	License No. 01193				
Start Date (10) 8/26/15		Scheduled Completion Date (11) 8/26/15		Name of OSHA Monitor Loznica Management Corp					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				22 Troy Lane					
				City, State, Zip Code Lincoln Park NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Post Demo Construction Debris			x	ONLY ONE LOAD TO BE					
				TAKEN OUT AS ASBESTOS					
				CONTAINING WASTE THAT WA					
				LEFT ONSITE					
Name of Registered Waste Hauler Rovic		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 8/26/15			

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

Date of Notification (1) August 27, 2015		Name of Building Owner/Operator (2) James McCoog Check # 2348							
Agencies Notified	Type Notification	Street Address 1203 Hessian Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code National Park, NJ 08063							
		Name of Contact James McCoog	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 1203 Hessian 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) National Park		Square Feet 2572	# of Floors 1						
County (6) Gloucester		Bldg. Age 59							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) September 8, 2015	Scheduled Completion Date (11) September 11, 2015	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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>Residential</u>		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen and Dining Room		XXX		Floor Tile	300 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 9/11/2015		City, State Newburg, PA					
Completed by Diana Lynch		Title Owner		Signature <i>[Signature]</i>			Date 8/27/2015		

State of New Jersey *APPROVED: NJDOL, GCM*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120) *CR # 2863*

Date of Notification (1) 8/27/15		Name of Building Owner / Operator (2) Edens							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 21 Custom House Street						
			City, State & Zip Code Boston, MA 02110						
		Name of Contact Robbie Griffin	Telephone Number 0						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton Shopping Center – Store No. 530		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 301 North Harrison Street		Square Feet 3000	# of Floors 1						
City (5) Princeton	County (6) Mercer	Bldg. Age 30+							
		Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 30 Braintree Hill Office Park, Suite 105		Street Address 1123 Beaver Street							
City, State & Zip Code Braintree, MA 02184		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Frank Rodrigues	Telephone Number 781-356-7300	Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 8/28/15	Scheduled Completion Date (11) 8/28/15	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:30 AM to 3:00 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Retail Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct wrap - Wrap and cut	12 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 yds	Name of Registered Landfill					
City, State New Castle, DE		Disposal Date 8/28/15	City, State						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 8/27/15		

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

ck 5785

Date of Notification (1) 8/27/15		Name of Building Owner/Operator (2) MR. DAVID SMITH				
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 12 GARDEN PL City, State, Zip Code CHATHAM, NJ. 07928 Name of Contact MR. SMITH Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. SMITH		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 12 GARDEN PL		Square Feet 2100	# of Floors 2			
City (5) CHATHAM		Bldg. Age 75 YEARS				
County (6) MORRIS	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) 9/11/15		Scheduled Completion Date (11) 9/12/15				
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		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 280 Huyler St				
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code S. Hackensack, N.J. 07606				
<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) 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)	Amount (Specify SF or LF) 130 LF	Abatement Type		
				Removal	Repair	Encapsulate
		THERMAL SYSTEM INSULATION		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 24/209	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 9/12/15	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 8/27/15			

ASB-41

* 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 5784

Date of Notification (1) 8/27/15		Name of Building Owner/Operator (2) MR. MARK MOORE					
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 655 MACOPIN RD					
		City, State, Zip Code WEST MILFORD, NJ, 07480					
		Name of Contact MS. JANINE RUSSO	Telephone Number 973				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. MARK MOORE		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 655 MACOPIN RD		Square Feet 2000.	# of Floors 2				
City (5) WEST MILFORD		Bldg. Age 95 years					
County (6) PASSAIC	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) 9/10/15		Scheduled Completion Date (11) 9/11/15					
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					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	Encapsulate	Enclosure
1 FLOOR KITCHEN	X	VERMICULITE	10 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1.1/47	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 9/11/15	City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 8/27/15			

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

C/L# 305

Date of Notification (1) 3/27/2015 / 8/25/2015		Name of Building Owner/Operator (2) DVL Kearny Holding LLC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	70 east 55th Street 7th floor							
		City, State, Zip Code New York NY10222							
		Name of Contact Charlie Carames	Telephone Number 212 250 0000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Torch Park		Type of Facility (4)							
Street Address 160-194 Passaic Ave		<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) Kearny NJ		Square Feet 30000	# of Floors 6						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age +50						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Dinago Environmental LLC						
Street Address 140 Boulevard		Street Address 339 Lafayette Street							
City, State, Zip Code Mountain Lake NJ 07046		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-491-0877						
Start Date (10) 3/30/2015		Scheduled Completion Date (11) 10/30/2015	License No. 01240						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 floor		X		4 double doors	120 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste	Name of Registered Landfill western Berks Community Landfill					
City, State Freehold NJ		Disposal Date		City, State Birdsboro PA					
Completed by Carlos Gomes		Title President	Signature		Date 5/5/2015P				

Aug 25 2015 05:46pm

P001/001

APPROVED
NJ Dept. of Health & Senior Services
[Signature]
(signature)
Date: 8/25/15 Time: 5:42 AM

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

2015 AUG 31 AM 7:55
Check # 8815

Date of Notification (1) <u>8/25/15</u>		Name of Building Owner/Operator (2) <u>AMIT SHAW</u>							
Agencies Notified	Type Notification	Street Address <u>16 MYRTLE AVE</u>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>EDGEWATER NJ 07020</u>							
		Name of Contact <u>AMIT</u>	Telephone Number <u>1-800-777-7777</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>DEMO HOUSE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>16 MYRTLE AVE</u>		Square Feet <u>1450</u>	# of Floors <u>2</u>						
City (5) <u>EDGEWATER</u>		Bldg. Age <u>60</u>							
County (6) <u>BERGEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RES / DEMO</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>						
Street Address		Street Address <u>185 Vreeland Ave.</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, N.J.</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>8/25/15</u>	Scheduled Completion Date (11) <u>8/31/15</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</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 type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>							
		City, State, Zip Code <u>Hackensack, N.J. 07606</u>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 2250 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
<u>2ND FL STAIR LANDING</u>				<u>VAT</u>	<u>20 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>					
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>8/25/15</u>		City, State <u>Pen Argyl, PA 08072</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <i>[Signature]</i>		Date <u>8/25/15</u>			

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

Check#2280

Date of Notification (1) 08 / 27 / 15		Name of Building Owner/Operator (2) Richard O'Neill	
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 21 Meadowbrook Place	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Richard O'Neill	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 21 Meadowbrook Place		Square Feet	# of Floors
City (5) Maplewood, NJ 07040		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 09 / 07 / 15	Scheduled Completion Date (11) 09 / 08 / 15	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

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

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 08/27/2015

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

Check#2281

Date of Notification (1) 08 / 27 / 15		Name of Building Owner/Operator (2) John Wilman	
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 621 Pemberton Avenue	
	City, State, Zip Code Plainfield, NJ 07060		
	Name of Contact John Wilman		
	Telephone Number _____		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 621 Pemberton Avenue		Square Feet	
City (5) Plainfield, NJ 07060		# of Floors	
County (6) Union		Bldg. Age	
County Code (7) (STATE USE ONLY) Union		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) _____		ASCN No. _____		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address _____		Street Address 576 Valley Rd #283		City, State, Zip Code Wayne, NJ 07470	
City, State, Zip Code _____		Telephone No. 973-638-1777		License No. 01127	
Project Manager for Monitoring Firm _____		Telephone No. _____		License No. _____	
Start Date (10) 09 / 08 / 15		Scheduled Completion Date (11) 09 / 09 / 15		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	130 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		Date 08/27/2015	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/27/2015	


ASB-41

MAY 11

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

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

Check # 10079

Date of Notification (1) August 27, 2015		Name of Building Owner / Operator (2) City of Jersey City						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 280 Grove Street						
		City, State & Zip Code Jersey City, NJ 07302						
		Name of Contact Brian Weller, Dept. of Administration						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) City Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
Street Address 280 Grove Street		Square Feet 160,000	# of Floors 4					
City (5) Jersey City		Bldg. Age 80						
County (6) Hudson		Current Use (Prior if being demolished) Public Building						
County Code (7) USE ONLY								
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc.		ASCM No. _____						
Street Address 611 Industrial Way West		Name of Abatement Contractor (9) Synatech, Inc.						
City, State & Zip Code Eatontown, NJ 07724		Street Address 829 Radio Road						
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 732-542-3569	License Number 00817					
Scheduled Start Date (10) September 18, 2015	Scheduled Completion Date (11) September 21, 2015	Name of OSHA Monitor Synatech, Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road						
		City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥ 3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 150 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Mail and Map rooms under ceramic tiles			X	Black Mastic	X			
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date September 28, 2015	City, State Morrisville, PA					
Completed By Diane Aloia	Title Exec. Administrator	Signature 	Date August 27, 2015					

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

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

Check # 10072

Date of Notification (1) August 27, 2015		Name of Building Owner / Operator (2) Kay-Vil Women's Minority Company, Inc.	
Agencies Notified	Type Notification	Street Address	
<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"/> Cancellation	342 North New Jersey Avenue City, State & Zip Code Atlantic City, NJ 08401 Name of Contact Katherine Pouleres	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 409 North Ohio 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, home, etc.)	
City (5) Atlantic City		Square Feet 1,310	# of Floors 2
County (6) Atlantic		Bldg. Age 80 years	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 8, 2015	Scheduled Completion Date (11) October 8, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Sheet Flooring	275 SF	X			
Bathroom #2		X		Sheet Flooring	65 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date October 9, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date August 27, 2015	

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

MO 22572036521

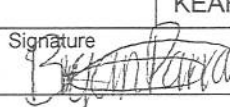
Print Form

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

Date of Notification (1)		Name of Building Owner/Operator (2) Christine Yewaisis			
Agencies Notified		Type Notification		Street Address 308 Elizabeth Ave,	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Christine Yewaisis				Type of Facility (4)	
Street Address 308 Elizabeth Ave				<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) Cranford				Square Feet	# of Floors
County (6) Union County				Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pro Abatement	
Street Address				Street Address 1009 87th Street Suite A4	
City, State, Zip Code				City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-293-6305	License No. 01223
Start Date (10) 09/01/15		Scheduled Completion Date (11) 09/11/15		Name of OSHA Monitor HILMAMM CONSULTING LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 1600 ROUTE EAST SUITE 107	
<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 UNION NJ 07083	
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 type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	N/A		
Exterior				Siding	1,600 SF
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430		Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION
City, State KENILWORTH, NJ		Disposal Date		City, State KEARNY, NJ	
Completed by Bryan Parra		Title Project Manager		Signature	Date 08/24/15

MO 225 72036516

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

Date of Notification (1) 08/20/15		Name of Building Owner/Operator (2) Jamin Koslowe		2015 AUG 31 AM 8:08					
Agencies Notified		Type Notification		Street Address 131 Highgate Terrace					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Bergenfield, NJ 07421					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jamin Koslowe				Type of Facility (4)					
Street Address 131 Highgate Terrace				<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) Bergenfield				Square Feet	# of Floors				
				Bldg. Age					
County (6) Bergen County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pro Abatement					
Street Address				Street Address 1009 87th Street Suite A4					
City, State, Zip Code				City, State, Zip Code North Bergen, NJ 07047					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-293-6305	License No. 01223				
Start Date (10) 08/21/15		Scheduled Completion Date (11) 08/31/15		Name of OSHA Monitor HILMAMM CONSULTING LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1600 ROUTE EAST SUITE 107					
<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 UNION NJ 07083					
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 type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear Porch				VAT	137 SF	x			
2nd floor (1st room)				VAT	255 SF	x			
2nd floor (2nd room)				VAT	182 SF	x			
Bathroom				VAT	24 SF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430		Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION				
City, State KENILWORTH, NJ				Disposal Date	City, State KEARNY, NJ				
Completed by Bryan Parra		Title Project Manager		Signature 		Date 08/20/15			

State of New Jersey - Notification of Asbestos Abatement

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

<u>Date of Notification (1)</u> August 25, 2015		<u>Name of Building Owner/Operator (2)</u> The Valley Hospital	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH	<u>Notification Type</u> Initial Notification X Amendment # 2 Emergency (including justification)	<u>Street Address</u> 223 North Van Dien Avenue <u>City, State, Zip Code</u> Ridgewood, NJ 07450-2736 <u>Name of Contact</u> William Stasiak	
		<u>Telephone Number</u> 	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> The Valley Hospital Cheel 4th Floor Patient Rooms		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> 4 <u>Bldg. Age:</u> 50+ years	
<u>Street Address</u> 223 North Van Dien Avenue		<u>Current Use (prior if being demolished):</u> Hospital	
<u>City (5)</u> Ridgewood	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Colden Corporation		<u>ASCM No.</u> 	
<u>Street Address</u> 28 Washington Street		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> Ballston Spa, NY 12020		<u>Street Address</u> 268 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> Jim Miades		<u>City, State, Zip Code</u> Butler, NJ 07405	
<u>Telephone Number</u> 347.435.3561	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840	
<u>Scheduled Start Date (10)</u> August 6, 2015	<u>Scheduled Completion Date (11)</u> September 30, 2015	<u>Name of OSHA Monitor</u> EMSL inc.	
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 8am-5pm & 5pm 1AM		<u>Street Address</u> 1056 Stelton Road <u>City, State, Zip Code</u> Piscataway, NJ 08854	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Cheel 4th Floor Patient Rooms	<input checked="" type="checkbox"/>	VAT & Mastic	3,000 SF
Cheel Lower Level OR Decontamination Room	<input checked="" type="checkbox"/>	VAT & Mastic	440 SF
Cheel Wing 4th Floor Closet	<input checked="" type="checkbox"/>	VAT & Mastic	60 SF
Phillips Wing 1st Floor Volunteer Rm	<input checked="" type="checkbox"/>	VAT & Mastic	400 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 40	<u>Name of Registered Landfill</u> Meadowfill Landfill
<u>Hauler #1)</u> Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		<u>Disposal Date</u> September 30, 2015	<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784
<u>Hauler #2)</u> Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
<u>Completed by (Print or Type)</u> Marin Graure	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> August 25, 2015

GAC # 2015-510- Amendment # 2 - Additional 460 sf VAT & Mastic

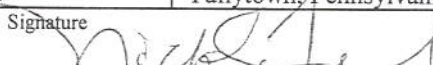
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">August 26, 2015</div>		Name of Building Owner/Operator (2) T and C Management, LLC 27602	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 1013	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Township of Washington, NJ 07676	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Thomas Jones	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1865 Starboard Court			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Toms River			City, State, Zip Code		
			Township of Washington, NJ 07676		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Scheduled Start Date (10) 8/27/15			Scheduled Completion Date (11) 8/28/15		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other – Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

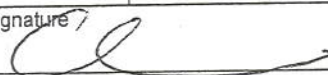
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous).	Amount (Specify 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 house		X		Asbestos siding	1300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 8/31/15		City, State Tullytown, Pennsylvania			
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/26/15	

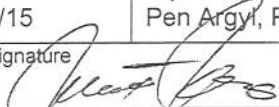
*Do not use this form for asbestos licensure exempted activities.

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


CK 5064

Date of Notification (1) 8/26/15		Name of Building Owner/Operator (2) Glen Camuso 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 122 East Hudson							
		City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Glen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glen Camuso 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 122 East Hudson		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/27/15	Scheduled Completion Date (11) 8/31/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
on slab			x	floor tile	600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/31/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/26/15		

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

Date of Notification (1) 08/25/15 Ck# 1762 \$200			Name of Building Owner/Operator (2) Mary Ann Colombrita		
Agencies Notified		Type Notification		Street Address	
<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		21 Willard Avenue	
				City, State, Zip Code Bloomfield, New Jersey 07003	
				Name of Contact Mary Ann Colombrita	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 21 Willard 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) Bloomfield, New Jersey 07003				Square Feet 2,500	# of Floors 2
				Bldg. Age 55+	
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) DVD Environmental, Inc.			ASCM No.		Name of Abatement Contractor (9) Emlo Corporation
Street Address PO Box 2152			Street Address 50 Barnes Street		
City, State, Zip Code Cliffside Park, New Jersey 07010			City, State, Zip Code Paterson, New Jersey 07501		
Project Manager for Monitoring Firm Tim Donohoe		Telephone No. 212-260-9818		Telephone No. 973-523-6651	License No. 01273
Start Date (10) 09/05/15		Scheduled Completion Date (11) 09/07/15		Name of OSHA Monitor Emlo Corporation	
Occupancy Status During Abatement (Check Only One)				Street Address 50 Barnes Street	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM Start				City, State, Zip Code Paterson, New Jersey 07501	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		Pipe Insulation	25 LF
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Wayne, New Jersey 07470		Disposal Date 09/08/15		City, State Pen Argyl, Pennsylvania	
Completed by Marjan Kasapinov		Title President		Signature 	Date 08/25/15


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

Date of Notification (1) 8/26/15		Name of Building Owner/Operator (2) Paul J Ward 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 213 Wayn Avenue							
		City, State, Zip Code Haddonfield NJ 08033							
		Name of Contact Margaret							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paul J Ward 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 213 Wayn Avenue		Square Feet 1000+	# of Floors 1.5						
City (5) Haddonfield NJ 08033		Bldg. Age 35+							
County (6) camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage							
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) 9/8/15	Scheduled Completion Date (11) 9/15/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/15/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 8/26/15	

Emergency

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

CK 5063

Date of Notification (1) 8/26/15		Name of Building Owner/Operator (2) Jean Bateman Private Home							
Agencies Notified	Type Notification	Street Address 29 Toms Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Eileen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jean Bateman 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 29 Toms Court		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/27/15	Scheduled Completion Date (11) 8/31/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/31/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/26/15		

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

APPROVED: NJDOH

CR# 2861

Date of Notification (1) 8/25/2015		Name of Building Owner / Operator (2) State of NJ Department of Corrections							
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 11401 City, State & Zip Code Yardville, NJ 08620 Name of Contact Joseph E. May							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden State Correctional		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 55 Hogback Road		Square Feet	# of Floors						
City (5) Crosswicks	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Correctional							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 N. Warren St		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 8/25/2015	Scheduled Completion Date (11) 8/25/2015	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4 PM to 11:00PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen/dining area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling plaster	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Bristol, PA		Disposal Date 8/25/2015		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/jl</i>				Date 8/25/15		

GI 15225

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

Date of Notification (1) 08/24/2015		Name of Building Owner/Operator (2) Faileigh Dickinson University	
Agencies Notified	Type Notification	Street Address 1000 River Road	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07601	
		Name of Contact Craig Gorczyca	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ALUMNI HALL		Type of Facility (4)	
Street Address 1000 RIVER ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) TEANECK		Square Feet	# of Floors
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company, Inc
Street Address 5434 King Avenue		Street Address 208 Piaget Ave	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	Telephone No. 973-253-8828
Start Date (10) 08/25/2015		Scheduled Completion Date (11) 08/25/2015	License No. 00704
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Co. Inc	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3 PM - 11 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 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)
	Yes	No	
BOILER ROOM	<input checked="" type="checkbox"/>		PIPE INSULATION
			SOLF
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste
City, State Newark, NJ		Disposal Date	Name of Registered Landfill IESI Landfill
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>
			Date 08/24/2015

OK 3754

Print Form

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

Date of Notification (1) 08/26/15		Name of Building Owner/Operator (2) TEKART BUILDING CORP							
Agencies Notified	Type Notification	Street Address PO BOX 887							
<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 POINT PLEASANT, NJ 08742							
		Name of Contact	Telephone Number 762 761 0000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 116 SANBORN AVENUE		Square Feet	# of Floors 2						
City (5) POINT PLEASANT BEACH, NJ		Bldg. Age							
County (6) OCEAN COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 09/06/15	Scheduled Completion Date (11) 09/07/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
INTERIOR				ACM TILE AND MASTIC	150 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 09/07/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 08/26/15			

OK 3754


Print Form

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

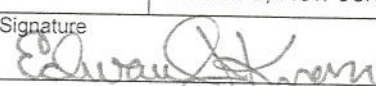
Date of Notification (1) 08/26/15		Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1970 SWARTHMORE AVENUE							
		City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact SAM INGBER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 613 SEWELL AVENUE		Square Feet 1500	# of Floors 2						
City (5) ATLANTIC CITY, NJ		Bldg. Age							
County (6) ATLANTIC COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 09/06/15	Scheduled Completion Date (11) 09/06/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input 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	1500 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 09/06/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 08/26/15		

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


ORIGINAL

Date of Notification (1) August 24, 2015		Name of Building Owner/Operator (2) AtlantiCare Regional Medical Center							
Agencies Notified	Type Notification	Street Address 1925 Pacific Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City, New Jersey 08401							
		Name of Contact Mr. William Malazita	Telephone Number 609						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic City Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1925 Pacific Avenue		Square Feet 75,000	# of Floors 10						
City (5) Atlantic City		Bldg. Age 55 years+							
County (6) Atlantic County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Full Service Hospital/Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts, Inc.		ASCM No. NA	Name of Abatement Contractor (9) Quality Environmental Concepts, Inc.						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward J. Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) September 04, 2015	Scheduled Completion Date (11) September 04, 2016	Name of OSHA Monitor Quality Environmental Concepts, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Emergency Clean Up</u>		Street Address 1053 North Tuckahoe Road							
		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Various Locations	x	x		Floor Tile, pipe insulation, misc.	TBD	x	x	x	
				clean up					
				See attachment for Specific Information					
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste TBD	Name of Registered Landfill Atlantic County Solid Waste Complex					
City, State Williamstown, New Jersey			Disposal Date TBD	City, State Egg Harbor Township, NJ					
Completed by Edward J. Knorr		Title Vice President	Signature 			Date August 25, 2015			

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

Date of Notification (1) August 23, 2015		Name of Building Owner/Operator (2) State of New Jersey - Vineland Developmental Center							
Agencies Notified	Type Notification	Street Address 1676 East Landis Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, New Jersey 08360							
		Name of Contact Angel Serrano	Telephone Number 745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Various Buildings East and/or West Campus		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 East & West Campus Sites		Square Feet Typically 8000	# of Floors Typically 1-3						
City (5) Vineland		Bldg. Age 60 years+							
County (6) Cumberland County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical, housing, administrative, offices							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts, Inc.		ASCM No. NA	Name of Abatement Contractor (9) Quality Environmental Concepts, Inc.						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward J. Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) August 31, 2015	Scheduled Completion Date (11) August 31, 2016	Name of OSHA Monitor Quality Environmental Concepts, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1053 North Tuckahoe Road							
		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Various Locations	x	x		Floor Tile, pipe insulation, misc.	TBD	x	x	x	
& Buildings				clean up					
				See attachment for Specific					
Information									
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710		Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Solid Waste Com.				
City, State Williamstown, New Jersey				Disposal Date TBD	City, State Vineland, New Jersey				
Completed by Edward J. Knorr		Title Vice President		Signature 			Date August 23, 2015		

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

Date of Notification (1) August 24, 2015		Name of Building Owner/Operator (2) United States Department of Justice- Federal Correctional Institution							
Agencies Notified	Type Notification	Street Address 38 Pointville Road, Building 5814, (Joint Base McQuire/Fort Dix/Lakehurst)							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Dix, New Jersey 08640							
		Name of Contact Mr. Michael O'Neill	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Various Buildings East and/or West Compound		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 East & West Compound Sites		Square Feet Typically 8000	# of Floors Typically 1-3						
City (5) Fort Dix		Bldg. Age 60 years+							
County (6) Burlington County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Federal Prison - Housing, Administration							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts, Inc.		ASCM No. NA	Name of Abatement Contractor (9) Quality Environmental Concepts, Inc.						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward J. Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) August 31, 2015	Scheduled Completion Date (11) August 31, 2016	Name of OSHA Monitor Quality Environmental Concepts, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Emergency Clean Up</u>		Street Address 1053 North Tuckahoe Road							
		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Various Locations	x	x		Floor Tile, pipe insulation, misc.	TBD	x	x	x	
& Buildings				clean up					
East and/or West Compound				See attachment for Specific					
				Information					
Name of Registered Waste Hauler Robinson Waste Disposal Services		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Voorhees, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Edward J. Knorr		Title Vice President	Signature 			Date August 24, 2015			

2015 AUG 31 AM 8:06

PLEASE CREDIT CK NO# 3775 NO CK

NO ASBESTOS (WOOD SIDING UNDER VINYL)

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

Date of Notification (1) <u>8/14/15</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified	Type Notification	Street Address <u>155 Rt. 50</u>	
<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 <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>32, N. 29TH AVE</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>LONG PORT</u>		Bldg. Age <u>40+</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-777-0472</u>	License No. <u>00444</u>
Start Date (10) <u>8/24/15</u>	Scheduled Completion Date (11) <u>8/31/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Enforce Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>A.C.U.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>
Completed By <u>JOE KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joe Klemm</u>	Date <u>8-14-15</u>

CK NO # 3775

NU CK

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

Date of Notification (1) <u>8/27/15</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGE INC</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>8 CLERMONT DR.</u>	
		City, State, Zip Code <u>CLERMONT, N.J. 08210</u>	
		Name of Contact <u>JIM</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>139 W. ANDREWS AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>WILDWOOD</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>9/8/15</u>	Scheduled Completion Date (11) <u>9/15/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>4500SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>C.M.C. M. U.A.</u>
City, State <u>MAPLE SHADE NJ</u>		Disposal Date	City, State <u>WOODBINE NJ</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>Michael Klemm</u>	Date <u>8/27/15</u>

NOCK

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


Date of Notification (1) 7 / 13 / 15		Name of Building Owner/Operator (2) New Jersey Institute of Technology							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3231 Martin Luther King Boulevard - Fenster Hall							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Richard Tice	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT		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 345-261 Martin Luther King Boulevard									
City (5) Newark, NJ 07102		Square Feet 50000	# of Floors 2						
County (6) Essex		County Code (7)(STATE USE ONLY)	Bldg. Age +/- 70						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 280 Huyler St		Street Address 8436 Enterprise Avenue							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 1156						
Start Date (10) 8 / 03 / 15	Scheduled Completion Date (11) 11 / 31 / 15	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30 AM-3:30PM/ PM-5:30AM		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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exteriro Coating on Block Wall	3600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental/Service Transport		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA/New Castle, DE			Disposal Date 8/31/15	City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature <i>Dilip Kumar</i>			Date 8-26-15		

NOCK

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

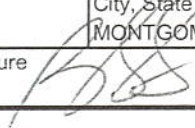
Date of Notification (1) <u>7</u> / <u>13</u> / <u>15</u>		Name of Building Owner/Operator (2) New Jersey Institute of Technology							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3231 Martin Luther King Boulevard - Fenster Hall							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Richard Tice	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT		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 345-261 Martin Luther King Boulevard									
City (5) Newark, NJ 07102	Square Feet 50000	# of Floors 2	Bldg. Age +/- 70						
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 280 Huyler St		Street Address 8436 Enterprise Avenue							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Geiser Fajardo	Telephone No. 201-489-8700	Telephone No. 215-365-5810	License No. 1156						
Start Date (10) <u>8</u> / <u>03</u> / <u>15</u>	Scheduled Completion Date (11) <u>11</u> / <u>31</u> / <u>15</u>	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:30 AM-3:30PM</u> / <u>PM-5:30AM</u>		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 type="checkbox"/> ≥160 sf or ≥260 lf		<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) 3600 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exteriro Coating on Block Wall		<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 USA Environmental/Service Transport		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA/New Castle, DE			Disposal Date 8/31/15	City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature <i>Dilip Kumar</i>			Date 8-26-15		

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

Date of Notification (1) 08/27/2015		Name of Building Owner/Operator (2) Wanaque Municipal Township							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 579 Ringwood Ave.							
		City, State, Zip Code Wanaque, NJ, 07465							
		Name of Contact Toni Jovanoski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wanaque Municipal Building		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 579 Ringwood Ave.		Square Feet 24000	# of Floors 2						
City (5) Wanaque, NJ 07465		Bldg. Age 90							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Building							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) GK Contractors LLC						
Street Address 464 Valley Brook Ave #3A		Street Address 55 Wanaque Ave Suite 115							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm Ralph Coppola	Telephone No. 201 438-4839	Telephone No. 973 513-4245	License No. 01236						
Start Date (10) 08/21/2015	Scheduled Completion Date (11) 09/02/2015	Name of OSHA Monitor Toni Kocovski							
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 55 Wanaque Ave Suite 115							
		City, State, Zip Code Pompton Lakes, NJ 07442							
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
Administration Clerk's Office		X		VAT/Mastic	800sf	X			X
Tax Office		X		VAT/Mastic	800sf	X			X
Conference Room 2nd flr		X		VAT/Mastic	725sf	X			X
Assessor's Office 2nd flr		X		VAT/Mastic	275sf	X			X
Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. A901 #26085		Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State 1141 Route 23, Wayne, NJ 07470				Disposal Date 08/28/2015	City, State Pen Argyl, PA				
Completed by Ivica Gjorsoski		Title Project Manager		Signature 		Date 08/27/2015			

NO CK

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

Date of Notification (1) 8 / 25 /15				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414							
				City, State, Zip Code RAHWAY, NEW JERSEY 07065							
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION				Name of Contact Sandra M. Schenk							
				Telephone Number 							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)					
Street Address 126 EAST LINCOLN AVENUE -Building 121						Square Feet 81,285	# of Floors 2				
City (5) RAHWAY						Bldg. Age 68					
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) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			Telephone Number 973-729-5649		Telephone Number 845-369-7500		License Number 1101				
Expected State Date (10) 8 / 24 /15 Month Day Year			Sched. Completion Date (11) 8 / 25 /15 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480						
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 checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm						Street Address 117 EAST 30TH STREET					
						City, State, Zip Code NEW YORK, NEW YORK 10016					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF						<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		REMOVAL REPAIR ENCAPSULE ENCLOSURE									
Building 121		X		Pipe Insulation		30 Ln Ft		X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 320		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY			Disposal Date 3/9 -03/30/2015		City, State MONTGOMERY, PA 17752						
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS		Signature 			Date 8/25/15			