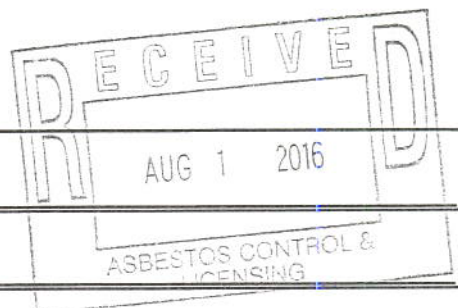


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-225

CIC# 6783



Date of Notification (1) 10/17/12 15/11/16		Name of Building Owner/Operator (2) rebecca o'keefe	
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 [REDACTED]		City, State, Zip Code rutherford, nj 07070	
Name of Contact rutherford, nj 07070		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) rutherford, nj 07070			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) rutherford	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 08/05/16		Sched. Completion Date (11) 08/29/16	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
crawl space #1		<input checked="" type="checkbox"/>		PIPE INSULATION	36 l ft	<input checked="" type="checkbox"/>			
crawl space #2		<input checked="" type="checkbox"/>		PIPE INSULATION	20 l ft	<input checked="" type="checkbox"/>			

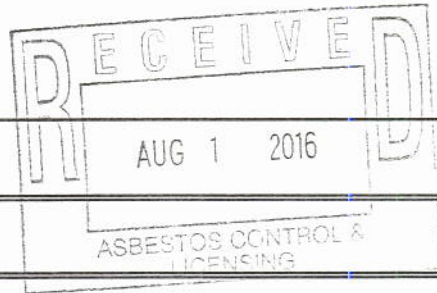
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/08/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/25/2016



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

D&S Proj. #: 16-227

CK# 6785



Date of Notification (1) 10/17/12 12/11/16		Name of Building Owner/Operator (2) JOE AND HONG ZANG	
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 [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code GLEN ROCK, NJ 07452	
		Name of Contact JOE AND HONG ZANG	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOE AND HONG ZANG			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) GLEN ROCK			County (6) BERGEN		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		City, State, Zip Code [REDACTED]		Street Address 20 California Ave.	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 08/23/16		Sched. Completion Date (11) 09/05/16		Telephone Number 973-345-8020	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				License Number 01169	
				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Glovebag procedure			
				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	36 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

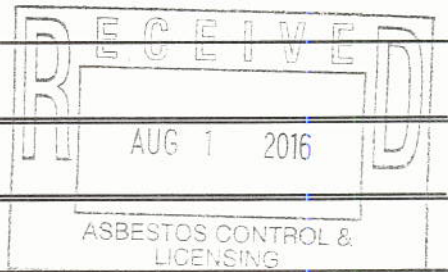
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/24/16		City, State TULLYTOWN, PA		Date 07/26/ 2016	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 07/26/ 2016	



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

D&S Proj. #: 16-171

CK # 6786



Date of Notification (1) 10/17/12 16/11/16		Name of Building Owner/Operator (2) SHARON SINGLETON	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07104	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SHARON SINGLETON	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SHARON SINGLETON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) Newark	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/15/16	Sched. Completion Date (11) 08/26/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT (MAIN)		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT 6 LOCATIONS		<input checked="" type="checkbox"/>		PIPE INSULATION	35 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

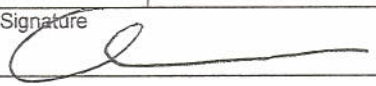
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/16/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/26/2016



*Emergency*

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

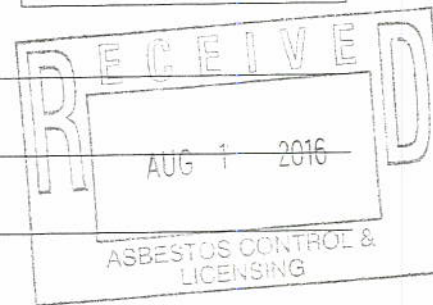
CK 5593

Date of Notification (1) 7/28/16		Name of Building Owner/Operator (2) Greater Egg Harbor Regional High School District							
Agencies Notified	Type Notification	Street Address 1824 Dr. Dennis Formen Drive	<div style="border: 1px solid black; padding: 5px;"> RECEIVED AUG 1 2016 TELEPHONE NUMBER CONTROL &amp; LICENSING </div>						
<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 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 Mays Landing NJ 08330							
		Name of Contact Thomas Grossi							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oakcrest High 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 1824 Dr. Dennis Formen Drive		Square Feet 10000+	# of Floors 1+ Bldg. Age 35+						
City (5) Mays Landing NJ 08330		Current Use (Prior if being demolished)							
County (6) Atlantic	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 167		Street Address PO Box 329							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800 License No. 00727						
Start Date (10) 7/28/16	Scheduled Completion Date (11) 7/29/16	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 checked="" type="checkbox"/> Other - Describe: After 4 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TV Studio Room		x		Floor tile / Mastic	25 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/29/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/28/16		



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

Date of Notification (1) <b>7/27/2016</b>		Name of Building Owner/Operator (2) <b>Barbara McCourtney</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Morristown, NJ, 07960</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Barbara McCourtney</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2100</b>	# of Floors <b>2</b>	Bldg. Age <b>52</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>
Street Address		Street Address <b>86 Christopher St.</b>
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>
		License Number <b>00371</b>
Scheduled Start Date (10) <b>8/6/16</b>	Sched. Completion Date (11) <b>8/9/16</b>	Name of OSHA Monitor <b>N/A</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

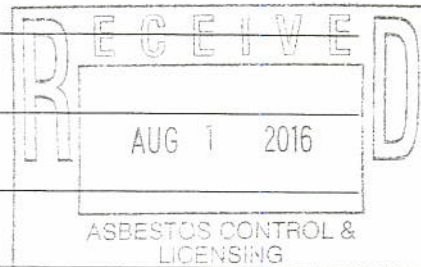
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			<input checked="" type="checkbox"/>	Duct insulation	120 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/10/16</b>	City, State <b>Waynesburg, Ohio 44688</b>
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>7/27/2016</b>



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

Date of Notification (1) <b>7/25/2016</b>		Name of Building Owner/Operator (2) <b>George Ohara</b>	
Agenies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>West Orange, NJ, 07052</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>George Ohara</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>1900</b>		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>
			Bldg. Age <b>88</b>		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>8/6/16</b>	Sched. Completion Date (11) <b>8/8/16</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	100 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.2</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/9/16</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature 		Date <b>7/25/2016</b>



Check # 9719

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

Date of Notification (1) <b>7-29-16</b>		Name of Building Owner/Operator (2) <b>American Built Contracting</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>183 Belleville Ave</b>							
		City, State, Zip Code <b>Bloomfield NJ 07003</b>							
		Name of Contact <b>Wayne Paterno</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Columbus Medical Realty</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>495 North 13th Street</b>		Square Feet # of Floors Bldg. Age <b>60+</b>							
City (5) <b>Newark, NJ</b>		Current Use (Prior if being demolished)							
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>							
Start Date (10) <b>8-8-16</b>		Scheduled Completion Date (11) <b>8-12-16</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Close off Mech Room</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
<b>1st Floor Mech Room</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>30 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Waste Management of PA</b>			
City, State <b>New Egypt NJ</b>		Disposal Date <b>8-12-16</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>7-29-16</b>			



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

check # 1-1-1-1

**GAC Project # 060-16**

Date of Notification (1) <b>July 27, 2016</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>WOODLAWN MANSION, BLDG# 8323</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>DOUGLASS CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>100+ years</b>		
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>	
Scheduled Start Date (10) <b>08/05/16</b>		Scheduled Completion Date (11) <b>08/08/16</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>305A</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>PLASTER/SURFACING</b>		Amount (Specify SF or LF) <b>20 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>					
NJDEP Waste Hauler ID # <b>See Below</b>		Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509				Disposal Date <b>08/08/2016</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>		Signature <i>Raymond C. Pedalino</i>	
				Date <b>July 27, 2016</b>	

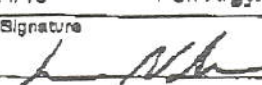
Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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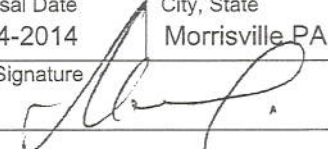
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:12b)

Date of Notification (1) 07/19/16		Name of Building Owner/Operator (2) Archdiocese of Newark						
Agencies Notified		Street Address 171 Clifton Ave.						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Newark, NJ 07104 Name of Contact Rev. Richard Mucowski						
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number ( ) - ( ) - ( )						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement Is Taking Place (3) Assumption of Our Blessed Lady Church		Type of Facility (4)						
Street Address 143 First St.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wood-Ridge, NJ 07075		Square Feet 15,000	# of Floors 1					
County (6) Bergen		Bldg. Age 50+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) Lesco Services Inc.						
City, State, Zip Code		Street Address 156 Maple Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Wallington, NJ 07057						
Telephone No.		Telephone No. 862-221-9082	License No. 01107					
Start Date (10) 07/20/16	Scheduled Completion Date (11) 07/22/16	Name of OSHA Monitor Leslaw Nalodka						
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.						
<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 Wallington, NJ 07057						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 25 sf or ≥ 25 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-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
basement			pipe insulation	80M.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05408	Cubic Yards of Waste 1	Name of Registered Landfill GCSL				
City, State Newark, NJ		Disposal Date 07/24/16		City, State Pen Argyl, PA				
Completed by Leslaw Nalodka		Title President	Signature 		Date 07/19/16			



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

CK# 414

Date of Notification (1) 07-26-2016		Name of Building Owner/Operator (2) Prima Property LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>R E C E I V E D</b>   AUG 1 2016   CONTROL &amp; </div>					
Agencies Notified		Type Notification				Street Address 18 Beachmont Terrace			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Claldwell NJ 07006			
				Name of Contact Andrzej Kapitula		Telephone Number _____			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling				Type of Facility (4)					
Street Address [REDACTED]				<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) Clifton NJ 07013				Square Feet N/A		# of Floors 1 FLOOR			
						Bldg. Age N/A			
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Dwelling					
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution			ASCM No. _____		Name of Abatement Contractor (9) Amax Contracting LLC				
Street Address 1130 W Chestnut St				Street Address 24 Morley Dr					
City, State, Zip Code Union NJ				City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm Rick Eustaquio			Telephone No. 973-494-3762		Telephone No. 973-692-6298		License No. 01266		
Start Date (10) 09-04-2016		Scheduled Completion Date (11) 09-06-2016		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 24 Morley Dr					
<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 Woodland Park NJ 07424					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Siding	2200 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 10 CY		Name of Registered Landfill GROWS			
City, State Woodland Park NJ 07424				Disposal Date 09-14-2014		City, State Morrisville PA			
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 07-26-2016			



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


CK # 2401

Date of Notification (1) 7/27/16		Name of Building Owner/Operator (2) Michael Peterson		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  AUG 1 2016  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mickleton, NJ 08056 Name of Contact John C. Marroni Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 2,600 # of Floors 2.5 Bldg. Age 5+						
City (5) Mickleton		County (6) Gloucester		County Code (7) (S <small>STATE USE ONLY</small> ) _____ Current Use (Prior if being demolished) Unoccupied Residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address				Street Address 135 Kinnelon Rd., Suite 102					
City, State, Zip Code				City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880 License No. 01228					
Start Date (10) 7/29/16		Scheduled Completion Date (11) 8/1/16		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address 135 Kinnelon Rd., Suite 102 City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
Entire Structure Being Demolished Asbestos				Burnt Out Structure	Unknown	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 200		Name of Registered Landfill GROWS			
City, State Kinnelon, NJ		Disposal Date 8/1/16		City, State Morristown, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 7/27/16			



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

OK # 5592

Date of Notification (1) 7/27/16		Name of Building Owner/Operator (2) Calpine New Jersey Generation LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  AUG 1 2016  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 717 Texas Ave, Suite 1000							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Houston, TX 77002-2743							
		Name of Contact Paul Ostberg							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cedar Energy 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 289 S Main St				Square Feet 1000+	# of Floors 1				
City (5) Manahawkin NJ 08050				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Energy Center buildings					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 8/9/16	Scheduled Completion Date (11) 8/15/16		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
See Attached			x	See Attached	See Attached	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 8/15/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 7/27/16			





# Cedar Energy Center RT 9

## SECTION 3.0 ASBESTOS INVENTORY

209 S. MAIN ST. STAFFORD TOWNSHIP, NJ 08092  
Cedar Energy Center, Route 9  
Manahawkin, NJ

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
<b>Building #3</b>		
Exterior	White Door Glaze	6 square feet (SF)
Interior	White Door Glaze	4 SF
<b>Building #2</b>		
Building #2	Gray Wall Caulk	4 linear feet (LF)
Building #2	Black/Yellow Wall Caulk	4 LF
End of "L" Shape	Blue/Gray Door Caulk	3 LF
<b>Control Room #1 &amp; #2</b>		
Control Room #1 in Cab "J"	Transite Ceiling Material	24 SF
<b>Building #1</b>		
Building #1	White Gasket Rope	6 LF
Building #1	White Pipe Wrap Gasket	4 LF
<b>Building #5</b>		
Pump Side of Building	White Gasket Material	4 SF
Pump Side of Building	Gray Gasket Material	20 SF
Exterior on Ground	Gray Gasket Material	4 SF
<b>Building #6</b>		
Exterior	Blue/Gray Door Caulk	9 LF



CK# 2975

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

Date of Notification (1) <b>7/27/16</b>		Name of Building Owner/Operator (2) <b>Westfield office Properties, LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  AUG 1 2016  ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>25 Washington Street</b> City, State, Zip Code <b>Morrisstown, New Jersey 07960</b>			
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		Name of Contact <b>Billy</b>		Telephone Number <b>07960</b>	

Name of Facility Where Abatement is Taking Place (3) <b>Westfield office Properties, LLC Property</b>			Type of Facility (4)		
Street Address <b>411 North Ave</b>			<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) <b>Westfield</b>			Square Feet <b>3000</b>	# of Floors <b>3</b>	Bldg. Age <b>50+</b>
County (6) <b>Union</b>			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm (8) <b>ASCM No.</b>			Name of Abatement Contractor (9) <b>and general</b> <b>Ace Insulation Co Inc</b>		
Street Address			Street Address <b>95 Montrose Rd</b>		
City, State, Zip Code			City, State, Zip Code <b>Colts Neck, New Jersey 07722</b>		
Project Manager for Monitoring Firm			Telephone No. <b>732 294 1757</b>	License No. <b>00029</b>	
Start Date (10) <b>8/2/16</b>		Scheduled Completion Date (11) <b>8/24/16</b>		Name of OSHA Monitor <b>Mark Jovic</b>	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>1 AM - 7 PM</b>			City, State, Zip Code <b>Lincoln Park, New Jersey 07035</b>		

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

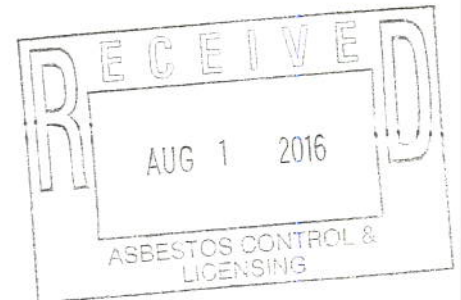
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	70 LF	X			
exterior/garage			X	roofing	650 lf	X			
exterior/garage			X	flashing	100 LF	X			
<b>* please see attached *</b>									

Name of Registered Waste Hauler <b>Ace Insulation Co Inc</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Colt Neck, New Jersey</b>			Disposal Date <b>8/24/16</b>	City, State <b>Tullytown, PA</b>	
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>	Signature <i>Bree McGuire</i>	Date <b>7/27/16</b>	

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	Enclosure Encapsulation
exterior / 1 <sup>st</sup> FL (condition)			X	roof flashing	700 LF	X		
exterior / 2 <sup>nd</sup> FL			X	roof flashing	104 LF	X		
exterior / 3 <sup>rd</sup> FL			X	roofing material	2500 LF	X		
exterior / 3 <sup>rd</sup> FL			X	roof flashing	200 LF	X		

page 2 of 2  
 411 North Ave  
 Westfield, New Jersey





CK# 2975

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 7/27/16		Name of Building Owner/Operator (2) SDI, LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 1 2016 </div>					
Agencies Notified		Street Address 14000 Horizon Way							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Mt. Laurel, New Jersey Name of Contact Deborah							
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		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SDI Property			Type of Facility (4)						
Street Address 265 S. New York Rd			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Galloway Township			Square Feet 5000	# of Floors 1	Bldg. Age 55+				
County (6) Atlantic			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) former restaurant				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co Inc						
Street Address			Street Address 95 Montrose Rd						
City, State, Zip Code			City, State, Zip Code Collis Neck, New Jersey 07722						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 294 1757	License No. 00029					
Start Date (10) 8/5/16		Scheduled Completion Date (11) 8/12/16		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior (over back kitchen area)			X	roofing material (flushing)	700 LF	X			
exterior			X	(ductwork) tar	250 LF	X			
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 21	Name of Registered Landfill GROWS				
City, State Collis Neck New Jersey		Disposal Date 8/12/16		City, State Tullytown, PA					

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

**CK# 1933**

Date of Notification (1) 7-25-2016		Name of Building Owner/Operator (2) Thomas Siza	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newfoundland, NJ 07435	
		Name of Contact Gerald Eglentowicz	Telephone Number [REDACTED]

RECEIVED  
AUG 1 2016  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<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.) <b>Residential</b>	
City (5) East Orange, NJ	Square Feet 2008	# of Floors 2	Bldg. Age 76+
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) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174
Start Date (10) 8-3-2016	Scheduled Completion Date (11) 8-6-2016	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

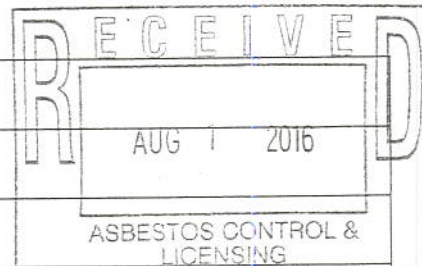
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout the property		x		Wall plaster	5600 SF	x			

Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 30	Name of Registered Landfill G.r.o.w.s. North Landfill	
City, State Jersey City, NJ		Disposal Date 8-6-2016		City, State Morrisville, NJ	
Completed by Liliana Serrano		Title Office manager		Signature <i>Liliana Serrano</i>	Date 7-25-2016



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

CK # 5904



Date of Notification (1) 07/26/2016		Name of Building Owner/Operator (2) Sears Holding, Inc.	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<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	3333 Beverly Road	
		City, State, Zip Code Hoffman Estates, IL 60179	
		Name of Contact Gerald L. Jacobs	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Sears #3459		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 50 Mall Drive West		Square Feet 79,000	# of Floors 1
City (5) Jersey City		Bldg. Age 37	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail Store	
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue, Unit 365	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. (973) 494-3762	Telephone No. (973) 450-9500	License No. 001036
Start Date (10) 08/09/2016	Scheduled Completion Date (11) 08/09/2016	Name of OSHA Monitor Incinia Contracting, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Off Hours: 9:30PM - 5AM		Street Address 1360 Clifton Avenue, Unit 365	
		City, State, Zip Code Clifton, NJ 07012	

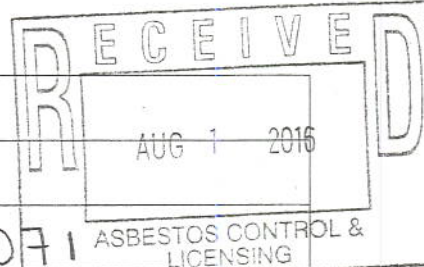
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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
1st Floor			X	Vinyl Floor Tile & Mastic	70 SF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill Corp.	
City, State Wayne, NJ		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by Milena Zoric	Title Executive Director	Signature 	Date 07/26/2016		

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



CK# 1610

Date of Notification (1)  
7-19-16.

Name of Building Owner/Operator (2)  
Paula Kuczyński

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

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

Street Address  
[REDACTED]

City, State, Zip Code  
Punchhurst NJ 07071

Name of Contact  
David Fitzharris

Telephone Number  
[REDACTED]

**FACILITY INFORMATION**

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

Street Address  
[REDACTED]

City (5)  
Punchhurst NJ 07071

County (6)  
[REDACTED]

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
[REDACTED]

# of Floors  
[REDACTED]

Bldg. Age  
[REDACTED]

Current Use (Prior if being demolished)  
Residential

Name of Monitoring Firm Hired by Building Owner (8)  
Hillman Environmental

ASCM No.  
[REDACTED]

Name of Abatement Contractor (9)  
JUV Enterprises Inc.

Street Address  
1600 Route 22 East Suite #107

City, State, Zip Code  
Union NJ 07083

Street Address  
28 Ida Ave.

City, State, Zip Code  
Pinecliff Park NJ 07035

Project Manager for Monitoring Firm  
David Song

Telephone No.  
908 688 7800

Telephone No.  
973 942 6924

License No.  
01129

Start Date (10)  
8-4-16

Scheduled Completion Date (11)  
8-11-16.

Name of OSHA Monitor  
[REDACTED]

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

Street Address  
[REDACTED]

City, State, Zip Code  
[REDACTED]

Scope of Work (Check All That Apply)  
☐ ≥ 3 sf or ≥ 3 lf  
☒ ≥ 160 sf or ≥ 260 lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Dining Room				Plaster Ceiling/Wallboard	210 sf	X			

Name of Registered Waste Hauler  
JUV Enterprises Inc.

NJDEP Waste Hauler ID No.  
0034140

Cubic Yards of Waste  
10

Name of Registered Landfill  
Waste Management

City, State  
Pinecliff Park NJ 07035

Disposal Date  
Tullytown NJ

Completed by  
D. Fitzharris

Title  
Manager

Signature  
[Signature]

Date  
7-19-16



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

CHECK # 9147.

Date of Notification (1) <b>7/26/16</b>		Name of Building Owner/Operator (2) <b>JANE IOZZIA</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 1 2016 </div>					
Agencies Notified		Street Address							
<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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code <b>OAKLAND, N.J. 07436</b>		Name of Contact <b>JANE IOZZIA</b>		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>OAKLAND</b>			Square Feet <b>1,600</b>	# of Floors <b>2</b>	Bldg. Age <b>+ 50</b>				
County (6) <b>BERGEN</b>			Current Use (Prior if being demolished) <b>RESIDENTIAL</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			A.MAC Contracting Inc.						
City, State, Zip Code			Street Address <b>185 Vreeland Ave.</b>						
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Midland Park, NJ</b>						
Start Date (10) <b>8/8/16</b>		Scheduled Completion Date (11) <b>8/19/16</b>	Telephone No. <b>(201)262-5841</b>						
Occupancy Status During Abatement (Check Only One)			License No. <b>00156</b>						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor <b>Omega Environmental Services</b>						
Scope of Work (Check All That Apply)			Street Address <b>280 Huyler St.</b>						
<input checked="" type="checkbox"/> ≤3 sf or 23 lf <input checked="" type="checkbox"/> ≥180 sf or ≥250 lf			City, State, Zip Code <b>Hackensack, NJ 07606</b>						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
<b>Basement</b>			<input checked="" type="checkbox"/>	<b>MASTIC</b>	<b>280 SF</b>			<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>8/9/16</b>		City, State <b>Bethlehem, PA</b>					
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <i>J. Vocaturo</i>		Date <b>7/26/16</b>			

Check # 9711

RECEIVED  
JUL 1 2016

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

No CK

Date of Notification (1) <b>7-29-16</b>		Name of Building Owner/Operator (2) <b>Lee Di Nardo</b>							
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [Redacted] City, State, Zip Code <b>East Brunswick NJ 08816</b> Name of Contact <b>Lee Di Nardo</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [Redacted]		Square Feet	# of Floors <b>2</b>						
City (5) <b>East Brunswick NJ 08816</b>		Bldg. Age <b>50+</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>Aug 3, 2016</b>	Scheduled Completion Date (11) <b>Aug 3, 2016</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Air Duct Wrap</b>	<b>50 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>8-4-16</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>				Date <b>7-29-16</b>		



8-2-16

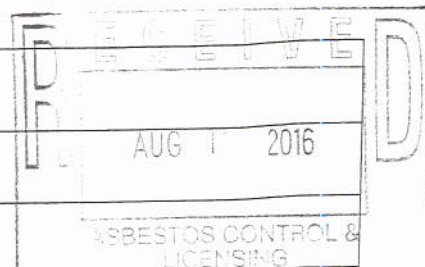
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 9711

Date of Notification (1) <b>7-20-16</b>		Name of Building Owner/Operator (2) <b>Lee DiNardo</b>							
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 [REDACTED]	AUG 1 2016						
		City, State, Zip Code <b>East Brunswick, NJ 08816</b>	ASBESTOS CONTROL & SENSING						
		Name of Contact <b>Lee DiNardo</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors <b>2</b>						
City (5) <b>East Brunswick NJ 08816</b>		Bldg. Age <b>50+-</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>Aug 2, 2016</b>	Scheduled Completion Date (11) <b>Aug 2 2016</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<b>X</b>			<b>Air Duct Wrap</b>	<b>50 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>8-3-16</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>7-20-16</b>			



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



Date of Notification (1) <u>7 / 25 / 2016</u>		Name of Building Owner/Operator (2) <b>The Township of Ewing</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Jake Garzio Drive</b>	
		City, State, Zip Code <b>Ewing Township, New Jersey 08628</b>	
		Name of Contact <b>Kim J. Macellaro, RMC</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hollowbrook Community Center</b>		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 and commercial buildings, homes, etc.)	
Street Address <b>320 Hollowbrook Drive</b>		Square Feet <b>60,000 SF</b>	# of Floors <b>2</b>
City (5) <b>Ewing</b>		Bldg. Age <b>40+</b>	
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Community Center</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental, Inc.</b>		ASCM No. <b>149</b>	Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>
Street Address <b>56 East Bridge Street</b>		Street Address <b>494 E. 41 Street</b>	
City, State, Zip Code <b>Morrisville, PA 19067</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>	
Project Manager for Monitoring Firm <b>James Frisbee</b>		Telephone No. <b>267-991-9212</b>	License No. <b>00507</b>
Start Date (10) <u>06 / 20 / 16</u>	Scheduled Completion Date (11) <u>08 / 01 / 16</u>	Name of OSHA Monitor <b>East Coast Haz Mat Removal, Inc.</b>	
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 - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>494 E. 41 Street</b>	
		City, State, Zip Code <b>Paterson, NJ 07504</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Boiler Room - Ground Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Boiler Breaching</b>	<b>22 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Troughout - Ground Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Plaster Sprayed Ceiling</b>	<b>7850 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throughout - Ground Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Caulking-Wall Partitions</b>	<b>800 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boys Room - Ground Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Fittings</b>	<b>20 Each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>EAST COAST Freehold CARTRAGE OR HAZ MAT</b>		NJDEP Waste Hauler ID No. <b>13206 or 419</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Minerva Enterprises</b>	
City, State <b>Freehold, NJ or Paterson, NJ</b>		Disposal Date <b>7-26-16</b>	City, State <b>Waynesburg, OH 44688</b>		
Completed By (Print or Type) <b>Leslie Olszewski</b>	Title <b>Project Manager</b>	Signature <i>[Signature]</i>	Date <b>7-25-16</b>		



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
All Areas - Ceiling- Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking - Ceiling Joints	2600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout - First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Sprayed Ceiling	8500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout - First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking-Wall Partitions	850 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Areas - Ceiling - First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking - Ceiling Joints	3000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*No CK*

*original*  
*29901*

Date of Notification (1) <div style="text-align: center;">7/27/2016</div>		Name of Building Owner/Operator (2) Macaluso Tree Service	
Agencies Notified	Type of Notification	Street Address	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">RECEIVED</div>
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	502 Church Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #2 _____	Point Pleasant, NJ 08742	AUG 1 2016
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Chris Macaluso	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Brick			County (6) Ocean		
			County Code (7) (STATE USE ONLY)		
Square feet 1000 sf			# of Floors 1		Bldg. Age 60
Current Use (Prior if being demolished) Marina Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 7/21/16			License Number 00624		
Scheduled Completion Date (11) 8/12/16			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/15/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 	Date 7/27/2016

\*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 #5892  
**RECEIVED**  
AUG 1 2016  
**ASBESTOS CONTROL & REMEDIATION**  
Telephone Number \_\_\_\_\_

*No OK*

Date of Notification (1) 07-26-16		Name of Building Owner/Operator (2) Bernards Township Sewage Authority	
Agencies Notified	Type Notification	Street Address 1 Collyer Lane	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u>	City, State, Zip Code Basking Ridge, NJ 07920	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Tom Timko, P.E.	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Maple Avenue & East Oak Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bernards Township		Square Feet	# of Floors
County (6) Somerset		Current Use (Prior if being demolished) Underground Sewage	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 1600 Route 22 E		Street Address 200 Broad Street	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Craig Abrams		Telephone No. (908) 477-3014	License No. 00756
Start Date (10) (1)Project Postponed(2)07-27-16	Scheduled Completion Date (11) 12-31-16	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Exterior non friable</u>		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	

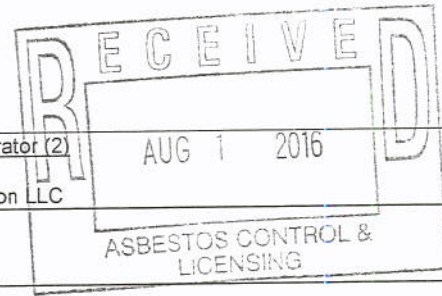
## Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input 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
Underground			x	Transite Sewage Pipe	2,000LF	x			

Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105		Disposal Date TBD	City, State Pen Argyl, PA 18072
Completed by Joseph Patrick	Title Project Manager	Signature <i>[Signature]</i>	Date 07-26-16


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



No CK

<u>Date of Notification (1)</u> 07/28/16			<u>Name of Building Owner/Operator (2)</u> Calpine New Jersey Generation LLC		
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> ( ) Initial Notification (x) Amended Certification ( ) Cancelled		<u>Street Address</u> 717 Texas Ave, Suite 1000 <u>City, State, Zip Code</u> Houston, TX 77002-2743 <u>Name of Contact</u> Paul Ostberg	
<u>Tel. Number</u>					
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Calpine New Jersey Generation LLC			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 373 N. Broadway			<u>Sq. Feet</u> 97,850 <u># of Floors</u> 8		
<u>City (5)</u> Pennsville	<u>County (6)</u> Salem	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 55 Current Use (prior if being demolished) Power Plant		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Horizon Environmental Group		<u>ASCM No.</u> 00073	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company		
<u>Street Address</u> PO Box 316			<u>Street Address</u> 2217 Spillman Dr		
<u>City, State, Zip Code</u> Thorofare, NJ 08086			<u>City State, Zip Code</u> Bethlehem Pennsylvania 18015		
<u>Project Manager for Monitoring Firm</u> Steve Flanigan	<u>Telephone Number</u> 856-848-0800	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721		
<u>Scheduled Start Date (10)</u> 08/01/16	<u>Scheduled Completion Date (11)</u> 03/03/17	<u>Name of OSHA Monitor</u> Brandenburg Industrial Service Company			
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 2217 Spillman Drive			
<u>Describe Demolition</u> (x) Scheduled Demo Start 07/11/16 Scheduled Demo Completion 09/29/17		<u>City, State, Zip Code</u> Bethlehem, PA 18015			
<u>Source of Work (Check all that apply)</u> (x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
Plant Boilers		x Insulation	80,000 sf	x	
Plant Boilers		x Fire Brick	24,000 sf	x	
Main Plant		x Pipe Insulation	12,500 lf	x	
Main Plant		x Transite/Galbestos	29,265 sf	x	
Main Plant		x VAT	53,000 sf	x	
Main Plant		x Flashing/Tar Paper	64,100 sf	x	
Main Plant		x Caulk/Exp Jt	13,570 sf	x	
Pipe Rack		x Pipe Insulation	9,520 lf	x	
Conveyor		x Galbestos	8,000 sf	x	
Misc Small Out Bldgs		x Caulk/Exp Jt	33,000 sf	x	
Misc Small Out Bldgs		x Transite/Galbestos	4,450 sf	x	
Misc Small Out Bldgs		x Insulation	2,840 sf	x	
<u>Name of Reg. Waste Hauler</u> United Trucking, Inc	<u>NJDEP Waste Hauler ID #</u> SW2247	<u>Cubic Yards of Waste</u> 15,000 cy	<u>Name of Reg. Landfill</u> Conestoga Landfill		
<u>City, State</u> Marlton, NJ	<u>Disp. Date</u> TBD	<u>City, State</u> Morgantown, PA			

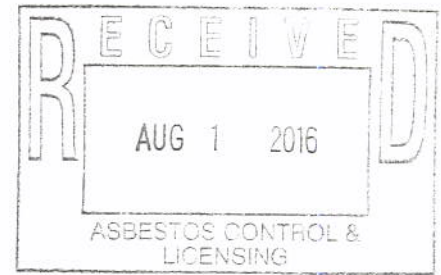


<u>Completed by (Print or Type)</u> Jennifer Polzer	<u>Title</u> Contract Manager	<u>Signature</u> 	<u>Date</u> 07/28/16
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Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

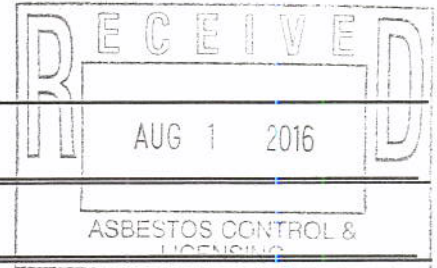
Telephone 609-984-6620

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



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

D&S Proj. #: 16-208



Date of Notification (1) 10/17/12 15/11/16		Name of Building Owner/Operator (2) CAROL BRACCO GHAZEY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code RIDGEWOOD, NJ 07450		Telephone Number	
Name of Contact CAROL BRACCO GHAZEY			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL BRACCO GHAZEY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 07/27/16	Sched. Completion Date (11) 08/15/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

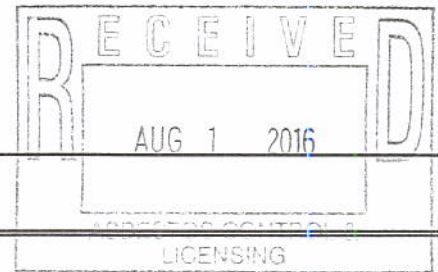
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	250 L F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		BARE HEATING PIPES	20 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 03 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/28/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/25/ 2016



D&amp;S Proj. #: 16-208

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



Date of Notification (1) 10/17/16		Name of Building Owner/Operator (2) CAROL BRACCO GHAZEY	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code RIDGEWOOD, NJ 07450	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact CAROL BRACCO GHAZEY	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL BRACCO GHAZEY			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K - 12)		
City (5) RIDGEWOOD			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) BERGEN			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet		
			# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				D & S RESTORATION, INC.	
City, State, Zip Code				Street Address	
				20 California Ave.	
Project Manager for Monitoring Firm		Phone Number		City, State, Zip Code	
				Paterson, NJ 07503	
Start Date (10)		Sched. Completion Date (11)		Telephone Number	
07/27/16		08/15/16		973-345-8020	
Occupancy Status During Abatement (Check only one)				License Number	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				01169	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				Name of OSHA Monitor	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				D & S Restoration, Inc.	
				Street Address	
				20 California Avenue	
				City, State, Zip Code	
				Paterson, NJ 07503	

Scope of Work (check all that apply)			Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Glovebag procedure			
			<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	250 L F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 03 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/28/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/11/2016

\* Do not use this form for asbestos licensing exempted activities