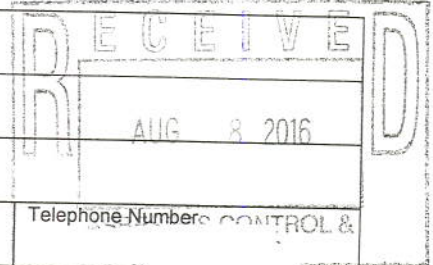


State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

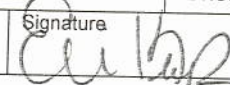
Check # 21036



Date of Notification (1) 08/01/2016		Name of Building Owner/Operator (2) Shelrenia Groce								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
	City, State, Zip Code Triangle, VA 22172		Name of Contact James Rizzo							
			Telephone Numbers _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 2							
City (5) Camden		Bldg. Age 25+								
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.							
Street Address _____		Street Address 211 East Essex Ave								
City, State, Zip Code _____		City, State, Zip Code Linwood, NJ 08221								
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 609-567-1250							
		License No. 01172								
Start Date (10) 08/01/2016		Scheduled Completion Date (11) 08/05/2016								
Name of OSHA Monitor _____		Street Address _____								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		City, State, Zip Code _____								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf										
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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) 1,000 sf	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout			X	Burned Out Building		X				
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill						
City, State 211 East Essex Ave. Linwood, NJ 08221			Disposal Date 08/02/2016	City, State Bristol, PA						
Completed by Eric Keys		Title OM	Signature [Signature]				Date 08/01/2016			

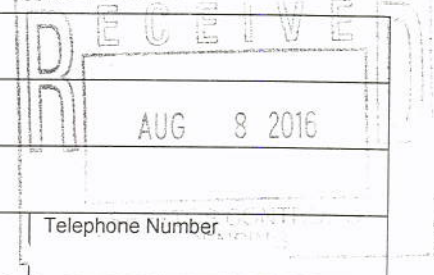
\* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 08/01/2016		Name of Building Owner/Operator (2) Saunder E ET UX							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]						
	City, State, Zip Code Camden, NJ 08103		Name of Contact James Rizzo						
			Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 2						
City (5) Camden		Bldg. Age 25+							
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a						
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address _____		Street Address 211 East Essex Ave							
City, State, Zip Code _____		City, State, Zip Code Linwood, NJ 08221							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 08/01/2016		Scheduled Completion Date (11) 08/05/2016							
Name of OSHA Monitor _____									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Throughout			X	Burned Out Building	1,000 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 211 East Essex Ave. Linwood, NJ 08221		Disposal Date 08/02/2016		City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 08/01/2016			

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

CHECK # 2035



Date of Notification (1) 7/29/2016		Name of Building Owner/Operator (2) Sun Valley Services, Inc. (owner's rep)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Peachtree Avenue City, State, Zip Code East Hanover, NJ 07936 Name of Contact Mr. Matthew Pennisi Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address [REDACTED]		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) Randolph		Square Feet 2,000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 85						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address _____		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code _____		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. (973) 928-5040 License No. 00874						
Start Date (10) 8/10/2016	Scheduled Completion Date (11) 8/25/2016	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470							
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
Kitchen		x		Linoleum Floor & Mastic	220 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 			Date 7/29/2016			

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

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

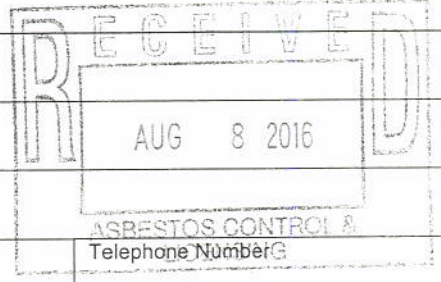
*Check # 12324*

**GAC Project # 060-15**

<u>Date of Notification (1)</u> <b>August 2, 2016</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <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	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
		<u>Name of Contact</u> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	<u>Telephone Number</u> <b>LICENSING</b>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>UNIVERSITY BEHAVIORAL HEALTH CTR, BLDG# 3688</b>		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years</b>	
<u>Street Address</u> <b>RBHS CENTRAL CAMPUS</b>		<u>Current Use (prior if being demolished):</u> <b>ACADEMIC</b>	
<u>City (5)</u> <b>PISCATAWAY</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>511 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>08/12/16</b>	<u>Scheduled Completion Date (11)</u> <b>08/15/16</b>	<u>Name of OSHA Monitor</u> <b>1 ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <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: <b>Shift Hours: 5:00 PM - 5:00 AM Daily (24 hours as needed)</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>	
<u>Scope of Work (Check all that apply)</u>			
<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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u> <b>180 SF</b>
<b>Room C131, C241</b>	<input checked="" type="checkbox"/>	<b>VAT &amp; MASTIC</b>	<input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>	<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969</b>		<u>Disposal Date</u> <b>08/15/16</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
<b>Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509</b>			
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>August 2, 2016</b>

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

**CX # 1924**



Date of Notification (1) 08/02/16		Name of Building Owner/Operator (2) John Iannaccone	
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 Glen Ridge, NJ 07028	
		Name of Contact John Iannaccone	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private House		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) Glen Ridge		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	
Name of Abatement Contractor (9) Academy Construction Inc.		Street Address 205 Rt. 46 West Suite 14	
Street Address		City, State, Zip Code Totowa, NJ 07512	
City, State, Zip Code		Telephone No. 973-832-4224	License No. 01155
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor Same as Above	
Start Date (10) 08/13/16	Scheduled Completion Date (11) 08/20/16	Street Address	
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

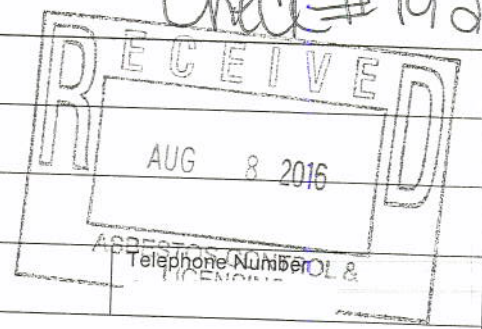
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	25 LF	X		X	

Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Filip Geleski		Title Supervisor	Signature 		Date 08/02/16

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

Check # 1923

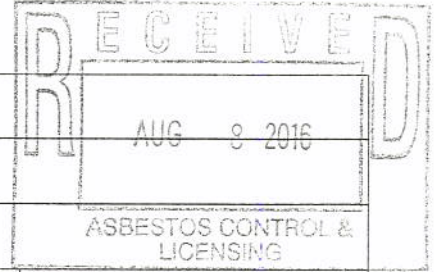


Date of Notification (1) 08/02/16		Name of Building Owner/Operator (2) Susan Ingargiola								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 Hoboken, NJ 07030							
		Name of Contact Susan Ingargiola								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet	# of Floors							
City (5) Hoboken		Bldg. Age								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.							
Street Address		Street Address 205 Rt. 46 West Suite 14								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-832-4244							
			License No. 01155							
Start Date (10) 08/13/16	Scheduled Completion Date (11) 08/20/16		Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address							
			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥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)			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	75 LF	X		X		
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill						
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Filip Geleski		Title Supervisor	Signature 				Date 08/02/16			

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

CIC# 4804

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



Date of Notification (1) 08/04/16		Name of Building Owner/Operator (2) HERMAN VORHAND	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code LAKEWOOD NJ	
		Name of Contact	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) HOME		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) UNION BEACH		Square Feet 1200	# of Floors 1
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 08/14/16	Scheduled Completion Date (11) 8/15/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<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 LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

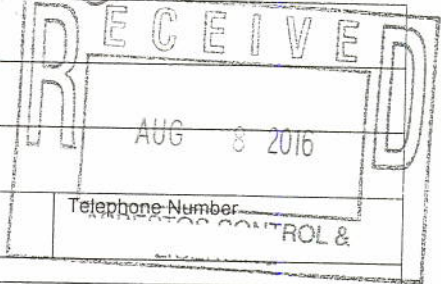
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                             |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure              |
|  |  | <input 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
ROOF				MIS	250SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State NEWARK, NJ			Disposal Date 08/15/16	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

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

Check # 4796

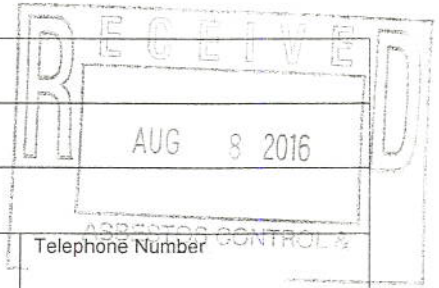


Date of Notification (1) 08/03/2016		Name of Building Owner/Operator (2) RAFAEL MACIAG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 SOUTH AMBOY, NJ, 08879							
		Name of Contact RAFAEL MACIAG	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 100	# of Floors 2						
City (5) SOUTH AMBOY		Bldg. Age							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 08/05/2016	Scheduled Completion Date (11) 08/05/2016	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure						
		<input type="checkbox"/> Glovebag Procedure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description or 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		SIDING	1200 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/05/2016		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 08/03/2016				



CK# 4808

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



Date of Notification (1) 08/04/16		Name of Building Owner/Operator (2) K OBERLANDER	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code LAKEWOOD NJ
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	[REDACTED]	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)		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) LAKEWOOD		Square Feet 2000	# of Floors 2
County (6) OCEAN		Bldg. Age	
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) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 08/15/16	Scheduled Completion Date (11) 08/15/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<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 LAKEWOOD, NJ 08701	

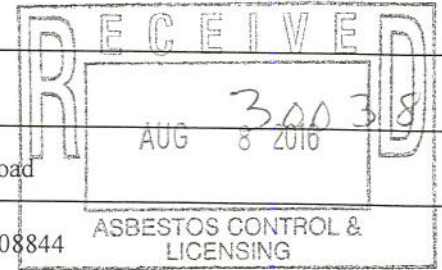
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				TSI	80LF	X			
BASEMENT				VAT	350SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 08/15/16		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

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



Date of Notification (1) <b>August 3, 2016</b>		Name of Building Owner/Operator (2) <b>DnA Demolition</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2156 Camplain Road</b>	
		City, State, Zip Code <b>Hillsborough, NJ 08844</b>	
		Name of Contact <b>Antonio Dimuzio</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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 <b>1200 sf</b>		
City <b>Madison</b>		County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Route 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fericola</b>		Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>	
Scheduled Start Date (10) <b>8/3/16</b>		Scheduled Completion Date (11) <b>8/5/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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) (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 <i>Garage</i>		X		Duct insulation	20 lf	X				

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

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

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  
 Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces

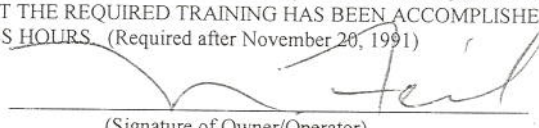
xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.  
 Address: 1889 Route 9, Unit 61  
 City: Toms River State: New Jersey Zip: 08755  
 Contact Person: Nicholas Fernicola  
 WASTE TRANSPORTER #2 Name:  
 Address:  
 City: State: Zip:  
 Contact Person:


xiii. WASTE DISPOSAL SITE Name: T.R.R.F.  
 Location: Bordentown Road  
 City: Tullytown State: Pennsylvania Zip: 19007  
 Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER  
 Name: Title:  
 Authority:  
 Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS  
 Date and Hour of Emergency (MM/DD/YY):  
 Description of the Sudden, Unexpected Event:  
 Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

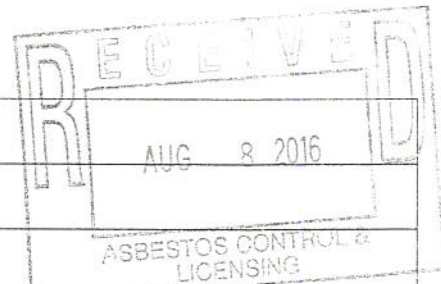
xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)  
Nicholas Fernicola / Project Manager (Printed Name/Title)  
 (Signature of Owner/Operator)  
August 3, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  
Nicholas Fernicola / Project Manager (Printed Name/Title)  
 (Signature of Owner/Operator)  
August 3, 2016 (Date)

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

CK # 4800



Date of Notification (1) 085/04/16		Name of Building Owner/Operator (2)	
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 BLOOMFIELD NJ	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)		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) BLOOMFIELD NJ		Square Feet 2000	# of Floors 2
County (6)		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 08/16/16	Scheduled Completion Date (11) 08/16/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<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 LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

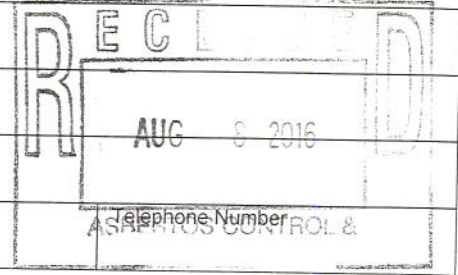
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				TSI	15LF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 08/16/16		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

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

CHECK # 2036



Date of Notification (1) 8/10/2016		Name of Building Owner/Operator (2) Carol Meier	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Nutley, NJ 07110	
		Name of Contact Ms. Carol Meier	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		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] PS		Square Feet 2,500	# of Floors 2	Bldg. Age 80
City (5) Nutley PS	County (6) Essex PS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC	
Street Address		Street Address 1385 Valley Road, Suite K		
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 6/20/2016	Scheduled Completion Date (11) 6/25/2016		Name of OSHA Monitor Sky Contracting, LLC	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K		
		City, State, Zip Code Wayne, New Jersey 07470		

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) 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
Attic (partial)		x		Vermiculite Insulation	~ 220 SF	x			
						x			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcevic		Title Vice President		Signature 	Date 8/3/2016

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

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

NO CHECK

Date of Notification (1) 8 / 2 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact Sandra M. Schenk	
		Telephone Number	

RECEIVED  
AUG 8 2016

FACILITY INFORMATION ASBESTOS CONTROL LICENSING

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		Bldg. Age 82	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 7 / 11 /16 Month Day Year	Sched. Completion Date (11) 9 / 15 /16 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3 PM	Street Address 117 EAST 30TH STREET
	City, State, Zip Code NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
---	--

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT SOUTH EAST & NORTHWEST			X	VAT & MASTIC	110 SF	X			
1ST FLOOR -ENTIRE			X	VAT & MASTIC	5,125 SF	X			
2ND FLOOR-NORTHEAST CORNER			X	VAT & MASTIC	765 SF	X			
3RD FLOOR VAULT AREA			X	ACM FILE CABINETS	95 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
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City, State FREEHOLD, NEW JERSEY	Disposal Date 3/14-4/30/2016	City, State MONTGOMERY, PA 17752
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Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>B Sanchez</i>	Date 8/2/16
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 6 / 27 /16		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> DEP		City, State, Zip Code	
<input checked="" type="checkbox"/> DOL		RAHWAY, NEW JERSEY 07065	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Sandra M. Schenk	

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b>			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		<input type="checkbox"/> School (K-12)	Square Feet 89,717	# of Floors 5	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)			Bldg. Age 82
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)	<b>Current Use (Prior if being demolished)</b> VACANT		

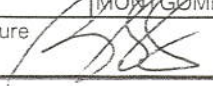
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION		
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901			

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
<b>Expected State Date (10)</b> 7 / 11 /16 Month Day Year		<b>Sched. Completion Date (11)</b> 9 / 15 /16 Month Day Year		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	

Occupancy Status During Abatement (Check only one)		Street Address 117 EAST 30TH STREET			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code NEW YORK, NEW YORK 10016			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3 PM					

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclo.			
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure			
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT SOUTH EAST & NORTHWEST			X	VAT & MASTIC	110 SF	X			
1ST FLOOR -ENTIRE			X	VAT & MASTIC	5,125 SF	X			
2ND FLOOR-NORTHEAST CORNER			X	VAT & MASTIC	765 SF	X			
3RD FLOOR VAULT AREA			X	ACM FILE CABINETS	95 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 3/14-4/30/2016		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 6/27/16

CK 29771

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

**Date of Notification (1)**  
 8 / 2 / 16

**Name of Building Owner/Operator (2)**  
 MERCK SHARP & DOHME CORP.

**Street Address**  
 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**  
 RAHWAY, NEW JERSEY 07065

**Name of Contact**  
 Sandra M. Schenk

**Telephone Number**  
 \_\_\_\_\_

**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 Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

**ASBESTOS CONTROL & LICENSING**

**RECEIVED**  
 AUG 8 2016

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
 MERCK SHARP & DOHME CORPORATION

**Type of Facility (4)**

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

**Street Address**  
 126 EAST LINCOLN AVENUE - BUILDING 89 CHILLER BUILDING

**City (5)**  
 RAHWAY

**County (6)**  
 UNION

**County Code (7) (STATE USE ONLY)**  
 \_\_\_\_\_

**Current Use (Prior if being demolished)**  
 VACANT

**Square Feet**  
 6,500

**# of Floors**  
 1

**Bldg. Age**  
 49

**Name of Monitoring Firm Hired by Building Owner (8)**  
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.**  
 104

**Name of Abatement Contractor (9)**  
 PAR ENVIRONMENTAL CORPORATION

**Street Address**  
 655 WEST SHORE TRAIL

**City, State, Zip Code**  
 SPARTA, NEW JERSEY 07871

**Street Address**  
 313 SPOOK ROCK ROAD

**City, State, Zip Code**  
 SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**  
 WILLIAM S. KERBEL, CIH

**Telephone Number**  
 973-729-5649

**Telephone Number**  
 845-369-7500

**License Number**  
 1101

**Expected State Date (10)**  
 8 / 15 / 16

**Sched. Completion Date (11)**  
 10 / 30 / 16

**Name of OSHA Monitor**  
 AMERISCI LABORATORIES INC #11480

**Occupancy Status During Abatement (Check only one)**

<input checked="" type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: Monday -Friday 7am-3:30 pm

**Street Address**  
 117 EAST 30TH STREET

**City, State, Zip Code**  
 NEW YORK, NEW YORK 10016

**Scope of Work (Check all that apply)**

<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation
<input type="checkbox"/>	>3SF OR LF		
<input checked="" type="checkbox"/>	>160 SF OR 260 LF		

Full Containment with Negative Pressure

Mini-Encl.

Glovebag Procedure

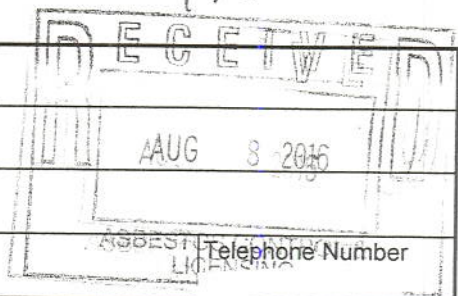
Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND -NW CORNER/SE CORNER			X	PIPE INSULATION	50 LF	X			
EXTERIOR-PIPE RACK			X	PIPE INSULATION	200 LF				
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 30	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 MONTGOMERY, PA 17752						
<b>Disposal Date</b> 8/15-10/30/2016	<b>Signature</b> <i>[Signature]</i>		<b>Date</b> 8/2/16						
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS							



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

CK  
7325



Date of Notification (1) 8/3/16 Type Notification		Name of Building Owner / Operator (2) <b>7-Eleven Inc.</b>	
Agencies Notified EPA DEP <b>X</b> DOL <b>X</b> DOH DCA	Emergency Notification	Street Address <b>1722 Routh Street, Suite 1000</b>	
	<b>X</b> Initial Notification	City, State & Zip Code <b>Dallas, TX 75201</b>	
	Amended Notification	Name of Contact <b>Eric Roemer</b>	
	Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <b>X</b> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>93 Hawthorne Ave</b>			Square Feet <b>3000</b>	# of Floors <b>1.5</b>	Bldg. Age <b>60</b>
City (5) <b>East Orange</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>8/15/16</b>	Scheduled Completion Date (11) <b>8/18/16</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <b>X</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		

Scope of Work (Check all that apply)

Demolition	<b>X</b> Renovation	Full Containment with Negative Pressure
Large Project		Mini-Enclosure
<b>X</b> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		Glovebag Procedure
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<b>X</b> Other: <b>Non-friable</b>

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Roof</b>	<b>N/A</b>	<b>Flashing</b>	<b>10 SF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>2</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>8/18/16</b>	City, State <b>Tullytown, Pa</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>8/3/16</b>	

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

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner/Operator (2) <b>Michael Mattevi</b>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">AUG 8 2016</div> <div style="border: 1px solid black; padding: 2px; margin: 0 0;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Verona, 07044</b>		
		Name of Contact <b>Danny Garabedian</b>	Telephone Number	

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	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	<b>2100</b>	<b>2</b>	<b>80</b>
Current Use (Prior if being demolished)					

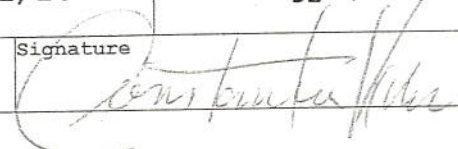
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number	
	<b>N/A</b>	<b>(973) 744-8800</b>		<b>00371</b>	
Scheduled Start Date (10) <b>8/16/16</b>	Sched. Completion Date (11) <b>8/30/16</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)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf        | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> Glovebag Procedure                                 |
|  |  | <input type="checkbox"/> 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	R	E	E	N	N			
Attic			X	Plaster Walls	110	X								
2 <sup>nd</sup> Floor			X	Plaster Walls	850									
1 <sup>st</sup> Floor			X	Plaster Walls	725									

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste 35	Name of Registered Landfill <b>Grand Central Landfill</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/31/16</b>	City, State <b>Pen Argyl, PA 18072</b>

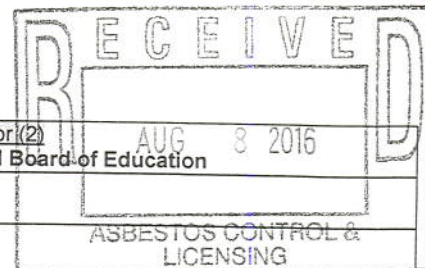
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/2/2016</b>
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

CHECK # 2042

Date of Notification (1) 7/29/2016		Name of Building Owner/Operator (2) Sun Valley Services, Inc. (owner's rep)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Peachtree Avenue City, State, Zip Code East Hanover, NJ 07936 Name of Contact Mr. Matthew Pennisi							
			Telephone Number _____							
	<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 505 Route 10		Square Feet 5,000	# of Floors 1							
City (5) Randolph		Bldg. Age 80								
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial								
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address		Street Address 1385 Valley Road, Suite K								
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470								
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. (973) 928-5040							
			License No. 00874							
Start Date (10) 8/10/2016	Scheduled Completion Date (11) 8/25/2016	Name of OSHA Monitor Sky Contracting, LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K								
		City, State, Zip Code Wayne, New Jersey 07470								
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) 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	
Roof		x		Roof Flashing	400 SF	x				
Gym		x		Floor Tiles	3,000 SF	x				
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC						
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio						
Completed by Predrag Sarcev		Title Vice President	Signature 				Date 7/29/2016			

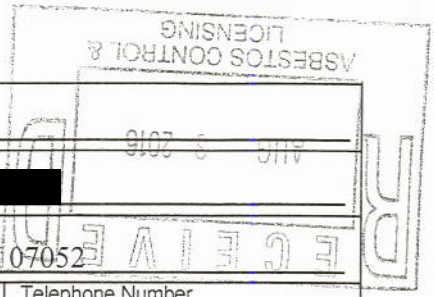
**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



<u>Date of Notification (1)</u> 08/02/16 <i>ck # 26026</i>		<u>Name of Building Owner/Operator (2)</u> Pascack Regional High School Board of Education	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 46 Akers Avenue	
		<u>City, State, Zip Code</u> Montvale, NJ 07645	
		<u>Name of Contact</u> Mr. Jeffrey Steinfeld Board President	<u>Telephone Number</u>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Pascack Hills High School		<u>Type of Facility (4)</u> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors: Bldg. Age: 1960's Current Use (prior if being demolished): High School	
<u>Street Address</u> 225 W Grand Ave			
<u>City (5)</u> Montvale	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Health & Safety Services, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Panoramic Window & Door Systems Inc.
<u>Street Address</u> 318 12th Street		<u>Street Address</u> 712 Sergeantsville Road	
<u>City, State, Zip Code</u> Hammonton, NJ 08037		<u>City, State, Zip Code</u> Stockton, NJ 08559	
<u>Project Manager for Monitoring Firm</u> Mr Jim Proctor	<u>Telephone Number</u> (609) 704-8550	<u>Telephone Number</u> P (732)926-0900 x102	<u>License Number</u> 01237
<u>Scheduled Start Date (10)</u> 08/08/16	<u>Scheduled Completion Date (11)</u> 08/12/16	<u>Name of OSHA Monitor</u> IAQ GURU LLC	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe  <input type="checkbox"/> Other - Describe:		<u>Street Address</u> 87 Main Street	
		<u>City, State, Zip Code</u> Lincoln Park, NJ 07035	
<u>Source of Work (Check all that apply)</u>  <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition</p> </div> <div> <p><input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Friable Procedure</p> </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Exterior of Building	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u> Window Caulking	<u>Amount (Specify SF or LF)</u> 410 lf
		<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> Panoramic Window & Dr Sys Inc	<u>NJDEP Waste Hauler ID #</u> 0036057	<u>Cubic Yards of Waste</u>	<u>Name of Registered Landfill</u> Chrin Landfill
		<u>Disposal Date</u>	<u>City, State</u> Easton, PA
<u>Completed by (Print or Type)</u> Mark M Jovic	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 08/02/16

C/K 25219

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



Date of Notification (1) <u>7/22/16</u>		Name of Building Owner/Operator (2) <u>Ryan</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>West Orange, NJ 07052</u>	
		Name of Contact <u>Bill Ryan</u>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1800</u>	
City (5) <u>West Orange, NJ 07052</u>		# of Floors <u>2</u>	Bldg. Age <u>75+/-</u>
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>		
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>		
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>

Start Date (10) <u>7/23/16</u>	Scheduled Completion Date (11) <u>7/25/16</u>	Name of OSHA Monitor <u>DB Environmental</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4 pm</u>		Street Address <u>4 Berkeley Place</u>		
		City, State, Zip Code <u>Freehold, NJ 07728</u>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>6 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/26/16</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/22/16</u>		

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

140003/0005

CK# 25219

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

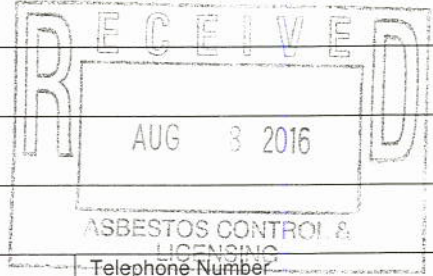
Date of Notification (1) <b>7/22/16</b>		Name of Building Owner/Operator (2) <b>Ryan</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>West Orange, NJ 07052</b>	
		Name of Contact <b>Bill Ryan</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1800</b>	# of Floors <b>2</b>
City (5) <b>West Orange, NJ 07052</b>		Bldg. Age <b>75+/-</b>	
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		ASCM No.	Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>
Street Address <b>PO Box 341</b>		Street Address <b>PO Box 322</b>	
City, State, Zip Code <b>Crosswicks, NJ 08515</b>		City, State, Zip Code <b>Allentown, NJ 08501</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>(609) 298-4070</b>	License No. <b>00493</b>
Start Date (10) <b>7/23/16</b>	Scheduled Completion Date (11) <b>7/25/16</b>	Name of OSHA Monitor <b>DB Environmental</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>8am - 4 pm</b>		Street Address <b>4 Berkeley Place</b>	
		City, State, Zip Code <b>Freehold, NJ 07728</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 $\geq 250$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>Basement</b>		<b>X</b>	<b>Thermal Pipe Insulation</b>
Name of Registered Waste Hauler <b>Stevens Environmental Services, Inc.</b>		NJDEP Waste Hauler ID No. <b>18292</b>	Cubic Yards of Waste <b>1 CU</b>
City, State <b>Allentown, NJ</b>		Disposal Date <b>7/26/16</b>	Name of Registered Landfill <b>GROWS Landfill</b>
		City, State <b>Morrisville, PA</b>	
Completed By <b>Mahlon E. Stevens</b>	Title <b>Project Manager</b>	Signature 	Date <b>7/22/16</b>

ASB-44  
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\* Do not use this form for asbestos licensure exempted activities.

Check # 1111

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



Date of Notification (1) 08-02-2016		Name of Building Owner/Operator (2) Prima Property LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 Beachmont Terrace
			City, State, Zip Code Caldwell NJ 07006
			Name of Contact Andrzej Kapitula
		Telephone Number	

**FACILITY INFORMATION**

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 Street		Street Address 24 Morley Dr		
City, State, Zip Code Union NJ 07083		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) 08-04-2016	Scheduled Completion Date (11) 08-06-2016	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)

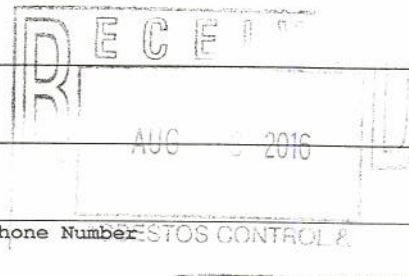
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) 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 Sididng	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 08-14-2016		City, State Morrisville PA	
Completed by Tome Maslarkov	Title Project Manager	Signature 		Date 08-02-2016	

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

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner/Operator (2) <b>Asia Giles</b>	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA		Type Notification [X] Initial Notification [ ] Amended Notification [ ] EMERGENCY [ ] Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>West Orange, NJ, 07052</b>	
Name of Contact <b>Asia Giles</b>		Telephone Number <b>ASBESTOS CONTROL &amp;</b>	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2600</b>	# of Floors <b>2</b>	Bldg. Age <b>86</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>8/11/16</b>		Sched. Completion Date (11) <b>8/12/16</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ] Other - Describe: «Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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		
Basement			X	Pipe insulation	165 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>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/15/16</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>8/2/2016</b>	



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

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner/Operator (2) <b>Oliver D. Mills</b>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">AUG 3 2016</div> <div style="margin-top: 5px;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Maplewood, NJ, 07040</b>		
		Name of Contact <b>Oliver D. Mills</b>	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Square Feet <b>2500</b>	# of Floors <b>2</b>	Bldg. Age <b>89</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)			

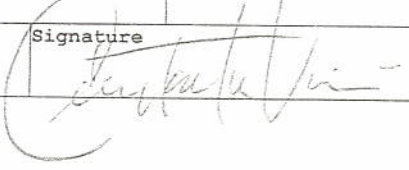
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>		
Scheduled Start Date (10) <b>8/11/16</b>	Sched. Completion Date (11) <b>8/12/16</b>		Name of OSHA Monitor <b>N/A</b>		
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 - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		City, State, Zip Code			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By 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 L O S U R E	E N C L O S U R E	
Basement			X	Pipe insulation	40 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>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>8/15/16</b>	City, State <b>Waynesburg, Ohio 44688</b>	

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/2/2016</b>
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
AUG 8 2016  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>8/3/15</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DRUG-ETALG</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>8 CLERMONT DR.</u>	
		City, State, Zip Code <u>CLERMONT, N.J. 08210</u>	
		Name of Contact <u>JIM</u>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>WILDWOOD CREST</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>

Start Date (10) <u>8/15/16</u>	Scheduled Completion Date (11) <u>8/22/16</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>5000sf</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>5000sf</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>C.M.C.W.UA</u>
City, State <u>MAPLE SHADE NJ</u>		Disposal Date	City, State <u>WOODBINE NJ</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>8/13/16</u>

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

CK # 4022

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

Date of Notification (1) <u>8/3/16</u>		Name of Building Owner/Operator (2) <u>PINELAND CONSTRUCTION</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77<sup>TH</sup> ST.</u>								
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>								
		Name of Contact <u>FRANK EDWARDJ</u>	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>							
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>								
Street Address		Street Address <u>369 S. SPRUCE AVE</u>								
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>0444</u>							
Start Date (10) <u>9/6/16</u>	Scheduled Completion Date (11) <u>9/13/16</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>								
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> $\geq 3$ 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>3250<sup>sc</sup></u>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			<u>X</u>	<u>TRANSITE</u>		<u>X</u>				
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C. M. C. M. V. A</u>						
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>							
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>8/3/16</u>							

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

CK<sup>4</sup> 4022

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

Date of Notification (1) <u>8/3/16</u>		Name of Building Owner/Operator (2) <u>PINELAND CONSTRUCTION</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77<sup>TH</sup> ST.</u>						
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>						
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>					
City (5) <u>STONE HARBOR</u>		Bldg. Age <u>40+</u>						
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>0444</u>					
Start Date (10) <u>9/6/16</u>	Scheduled Completion Date (11) <u>9/13/16</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>						
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>2500SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C. M. C. M. V. A</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>8/3/16</u>					

CK6285

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:128)

Date of Notification (1) 8/2/16		Name of Building Owner/Operator (2) KENNETH ADAMS				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]				
		City, State, Zip Code RIDGEWOOD, NJ, 07450				
		Name of Contact MR. ADAMS	Telephone Number [REDACTED]			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. K. ADAMS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 2200	# of Floors 2			
City (5) RIDGEWOOD		Est. Age 1940				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCCA No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 8/6/16	Scheduling Completion Date (11) 8/8/16	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5 PM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 0 to 2 or 2-3 ft <input type="checkbox"/> 2 to 100 or 2 to 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> High-Enclosure <input type="checkbox"/> Glovebag Procedures <input type="checkbox"/> Non-Exempted (C) and Non-Friable Procedures						
Location of Asbestos-Containing Materials (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Only by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VST, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
BASMENT	Yes	THERMAL SYSTEM INSULATION	140 LF	X		
Name of Registered Waste Hauler Best Removal Inc		N.J. DEP Waste Handler ID No. 17109	Cells/Yards of Waste 2.1/24	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Project Date 8/8/16	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	TEB	Estimator	Signature [Signature]	Date 8/2/16		

ASB-41

\* Do not use this form for asbestos removal activities.

CK 4022

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

Date of Notification (1) <u>8/3/16</u>		Name of Building Owner/Operator (2) <u>PINELAND CONSTRUCTION</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77<sup>th</sup> ST.</u>						
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>						
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>					
City (5) <u>STONE HARBOR</u>		Bldg. Age <u>40+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
Street Address		Street Address <u>369 S. SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>0444</u>					
Start Date (10) <u>9/6/16</u>	Scheduled Completion Date (11) <u>9/13/16</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>						
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>TRANSITE</u>	<u>2500SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C. M. C. M. V. A</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>8/13/16</u>					

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

CH# 4253

Date of Notification (1) 08/02/16		Name of Building Owner/Operator (2) International Flavors&Fragrances, Inc	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1515 Highway #36	
		City, State, Zip Code Union Beach, NJ 07735	
		Name of Contact Gary Stapperfenne/Constr.Mngr.	Telephone Number

AUG 8 2016  
 ASBESTOS CONTROL

Name of Facility Where Abatement is Taking Place (3) International Flavors&Fragrances, Inc		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1515 Highway #36		Square Feet	# of Floors
City (5) Union Beach		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) factory	

Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 555 S. Broad Street		Street Address 606 McBride Ave	
City, State, Zip Code Glen Rock, NJ 07452		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Bruce Wolf	Telephone No. 201-652-1119	Telephone No. 973-225-8400	License No. 01104

Start Date (10) 08/15/16	Scheduled Completion Date (11) 08/19/16	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure / Tent
		<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
high pressure boiler room-room526			x	thermal system insulation	120 LF	x			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA
Completed by Momo Glavatovic	Title vice president	Signature 	Date 08/02/2016

\* 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)**

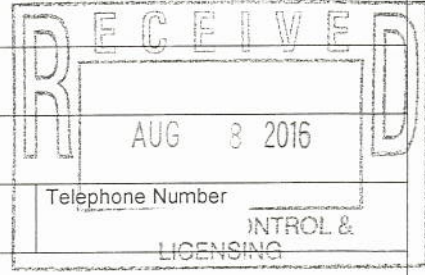
CX 6288

Date of Notification (1) <b>8/3/16</b>		Name of Building Owner/Operator (2) <b>BASF</b>		<b>D E C E I V E</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 MIDDLESEX ESSEX TURNPIKE</b>				2016		
		City, State, Zip Code <b>ISELW NJ. 08830</b>				Telephone Number		
		Name of Contact <b>R. SMALLEY</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>BASF</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>25 MIDDLESEX ESSEX TURNPIKE</b>			Square Feet <b>100,000</b>	# of Floors <b>3</b>	Bldg. Age <b>61 YRS</b>			
City (5) <b>ISELW</b>			Current Use (Prior if being demolished) <b>R+D OFFICE/LABS</b>					
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EWI</b>		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address <b>655 WEST SHORE TRAIL</b>			Street Address <b>450 South River St</b>					
City, State, Zip Code <b>SPARTA, NJ. 07871</b>			City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm <b>J.R. VONDO ET AL</b>		Telephone No. <b>973-7293649</b>		Telephone No. <b>201-329-7444</b>				
				License No. <b>00388</b>				
Start Date (10) <b>8/13/16</b>		Scheduled Completion Date (11) <b>9/24/16</b>		Name of OSHA Monitor <b>Omega Environmental</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>5:00 AM TO 5:00 PM</b>			Street Address <b>280 Huyler St</b>					
			City, State, Zip Code <b>S. Hackensack, N.J. 07606</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	NA			Removal	Repair	Encapsulate
<b>MAIN ROOF</b>				<b>FLASHING MATERIAL</b>	<b>1600 LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>1007</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>				Disposal Date <b>9/24/16</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>		Date <b>8/3/16</b>		



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

*CK# 3209*



Date of Notification (1) <u>8</u> / <u>3</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>General Growth Properties</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>110 N. Whacker Drive</b>	
		City, State, Zip Code <b>Chicago, IL 60606</b>	
		Name of Contact <b>Kelly Webb</b>	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Woodbridge Center Mall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>250 Woodbridge Center Drive</b>			
City (5) <b>Woodbridge, NJ 07095</b>		Square Feet <b>1,633,000</b>	# of Floors <b>2</b>
		Bldg. Age <b>45</b>	
County (6) <b>Middlesex</b>		County Code (7)(STATE USE ONLY)	
		Current Use (Prior if being demolished) <b>Commercial</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
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Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>623 Cutler Avenue</b>	
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City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
--	--	---	--

Project Manager for Monitoring Firm <b>Michael Panepresso</b>	Telephone No. <b>215-244-1300</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>
--	--------------------------------------	--------------------------------------	-----------------------------

Start Date (10) <u>08</u> / <u>22</u> / <u>16</u>	Scheduled Completion Date (11) <u>09</u> / <u>2</u> / <u>16</u>	Name of OSHA Monitor <b>Criterion Laboratories, Inc.</b>	
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <b>10:00PM-7:00AM</b>		Street Address <b>3370 Progress Drive, Suite J</b>	
		City, State, Zip Code <b>Bensalem, PA 19020</b>	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> 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
Tenant Space 1470	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Caulk	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Space 2035	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Space 2080	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	345 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Space 2360	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic/Wall Caulk	609 SF/20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>
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City, State <b>Freehold, NJ</b>	Disposal Date <b>09/02/2016</b>	City, State <b>Newburg, PA</b>
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Completed By (Print or Type) <b>Bill Lynch</b>	Title <b>Sales Manager</b>	Signature <i>WJL</i>	Date <b>8/3/16</b>
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State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

REC ch#4254  
 AUG 3 2016

Date of Notification (1) 08/02/16		Name of Building Owner/Operator (2) International Flavors&Fragrances, Inc	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1515 Highway #36	
		City, State, Zip Code Union Beach, NJ 07735	
		Name of Contact Gary Stapperfenne/Constr.Mngr.	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) International Flavors&Fragrances, Inc		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1515 Highway #36		Square Feet	# of Floors
City (5) Union Beach		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) factory	
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 555 S. Broad Street		Street Address 606 McBride Ave	
City, State, Zip Code Glen Rock, NJ 07452		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400
Start Date (10) 08/22/16		Scheduled Completion Date (11) 08/26/16	License No. 01104
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

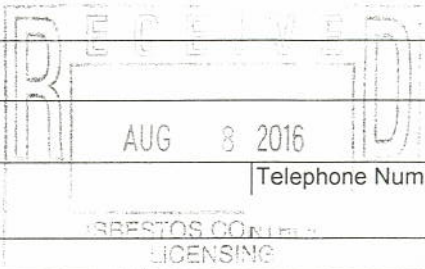
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room-room162			x	thermal system insulation	32 LF	x			
				elbows	25 /ea	x			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill	
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA	
Completed by Momo Glavatovic		Title vice president	Signature 	Date 08/02/2016	

APPROVED: TOM VOORHEES, NJDOH

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

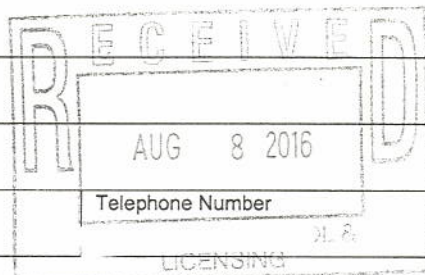
CL# 3072

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township BOE</b>							
Agencies Notified	Type Notification	Street Address <b>4207 Route 516</b>							
<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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Matawan NJ 07747</b>							
		Name of Contact <b>Mr. Frank Frazitta</b>				Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Salk Middle School</b>			Type of Facility (4)						
Street Address <b>155 West Greystone Road</b>			<input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Old Bridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Square Feet <b>70,000</b>	# of Floors <b>1</b>	Bldg. Age <b>60+</b>				
			Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Roland Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>					
Scheduled Start Date (10) <b>8/3/2016</b>	Scheduled Completion Date (11) <b>8/3/2016</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 Beaver Street</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>8 AM – 3:30 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Bristol, PA 19007</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe fitting Insulation</b>	<b>9LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>8/4/2016</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>8/2/16</b>				

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

Check # 0343

Date of Notification (1) 8/3/16		Name of Building Owner/Operator (2) c/o The Coli Group Ltd							
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 1 Sears Drive							
		City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Jan Coli							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 960 Belmont Ave		Square Feet 13,000	# of Floors 2						
City (5) Haledon		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 8/15/16	Scheduled Completion Date (11) 8/31/16	Name of OSHA Monitor Harmony 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 type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	Roofing Material	13,000 SF	x			
Ground Floor Office			x	VAT	150 SF	x			
Ground Floor			x	Transite Board	200 SF	x			
Ground Floor			x	Pipe Insulation	50 LF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill TBD				
City, State Riverdale, NJ				Disposal Date TBD	City, State TBD				
Completed by Tina Caporino		Title Secretary		Signature <i>Tina Caporino</i>		Date 8/3/16			



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

CK  
7324

Date of Notification (1) 8/2/16 Type Notification		Name of Building Owner / Operator (2) <b>Steve and Stephanie Manley</b>					
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address [REDACTED]		City, State & Zip Code <b>Somerset, NJ 08873</b>			
		Name of Contact <b>Steve Manley</b>				Telephone Number	
		Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		ASBESTOS CONTROL & LICENSING	
		Street Address [REDACTED]		Square Feet <b>3000</b>	# of Floors <b>2</b>		
City (5) <b>Somerset</b>	County (6) <b>Somerset</b>	County Code (7)		Current Use (Prior if being demolished) <b>Residential</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>				
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>					
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>					
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>			
Scheduled Start Date (10) <b>8/13/16</b>	Scheduled Completion Date (11) <b>8/18/16</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>					
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>					
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM <input checked="" type="checkbox"/> Other: <b>Non-friable</b> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/>							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)		
<b>Exterior</b>		<b>N/A</b>	<b>Siding</b>	<b>360 SF</b>	<b>Removal</b>		
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>TRRF</b>			
City, State <b>Trenton, NJ</b>		Disposal Date <b>8/18/16</b>		City, State <b>Tullytown, Pa</b>			
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>8/2/16</b>		