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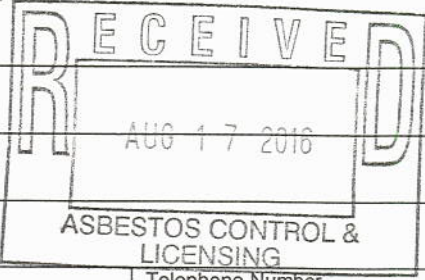
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1398

Date of Notification (1) 08/04/16		Name of Building Owner/Operator (2) Scotch Plains / Fanwood Public School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address Evergreen Ave. & Cedar St.		City, State, Zip Code Scotch Plains, NJ 07076	
Name of Contact Anthony Miranda		Name of Building Evergreen Elementary School	
Name of Facility Where Abatement is Taking Place (3) Evergreen Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2280 Evergreen Ave.		Square Feet 43,524	
City (5) Scotch Plains		# of Floors 1	
County (6) Union		Bldg. Age 85	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 00079	
Street Address 20-10 Maple Ave, Bldg. 35 E		Name of Abatement Contractor (9) Lesco Services Inc.	
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 156 Maple Ave.	
Project Manager for Monitoring Firm Guillermo Morales		City, State, Zip Code Wallington, NJ 07057	
Telephone No. 973-943-3525		Telephone No. 862-221-9092	
License No. 01107		Name of OSHA Monitor Leslaw Nalodka	
Start Date (10) 08/05/16		Scheduled Completion Date (11) 08/13/16	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 156 Maple Ave.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> <23 sf or <23 lf <input type="checkbox"/> >150 sf or >250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment: with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Wallington, NJ 07057	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
1st. floor classroom		*	
outside		*	
Name of Registered Waste Hauler Newark Carting Inc.		NJ/DEP Waste Hauler ID No. 05409	
City, State Newark, NJ		Cubic Yards of Waste 20	
Disposal Date 08/13/16		Name of Registered Landfill GROWS	
City, State Morrisville, PA		Disposal Date 08/13/16	
Completed by Leslaw Nalodka		Title President	
Signature 		Date 08/04/16	

FAX # 862-221-9093

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



Date of Notification (1) 8/11/16		Name of Building Owner/Operator (2) Mario Zolafer Private Home							
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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood NJ 08701							
		Name of Contact Mario							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mario Zolafer Private 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) Lakewood NJ 08701		Square Feet 1000+	# of Floors 1						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 8/24/16		Scheduled Completion Date (11) 8/29/16	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	600 SF	X			
Name of Registered Waste Hauler United Roll Off Ser		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/29/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/11/16		

CK # 7397

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

"OPEN NOTIFICATION"

Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 17 2016 </div>			
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD	
<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 SOUTH PLAINFIELD, NJ 07068	
				Name of Contact JOHN MAROTTE		Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE & G - J 2315 - FREEZE PIT				Type of Facility (4)			
Street Address 1-15 9TH AVENUE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) NEWARK				Square Feet N/A		# of Floors N/A	
County (6) ESSEX				County Code (7) (STATE USE ONLY)		Bldg. Age N/A	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER				Telephone No. 732-290-2217		Telephone No. 732-432-8350	
Start Date (10) 9/1/2016				Scheduled Completion Date (11) 3/31/2017		License No. 01111	
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.			
<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: OUT DOORS				City, State, Zip Code SOUTH RIVER, NJ 08882			
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) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Yes No N/A					
OUT DOORS		X		PIPE SOMASTIC		200 LF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 12		Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 8/12/2016	

CK # 7396

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

"OPEN
Notification"

Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) PSEG					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD					
<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 SOUTH PLAINFIELD, NJ 07068					
		Name of Contact JOHN MAROTTE					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE & G - J-2315 - MH #35		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 1 SOUTH 8TH STREET		Square Feet N/A	# of Floors N/A				
City (5) NEWARK		Bldg. Age N/A					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA				
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350				
License No. 01111							
Start Date (10) 9/1/2016	Scheduled Completion Date (11) 3/31/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUT DOORS		Street Address 396 WHITEHEAD AVE.					
		City, State, Zip Code SOUTH RIVER, NJ 08882					
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			
				Removal	Repair	Encapsulate	Enclosure
OUT DOORS	X	PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 12	Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR	Signature Carol Raimo		Date 8/12/2016		

CK # 7395

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

"OPEN
Notification"

Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<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 SOUTH PLAINFIELD, NJ 07068							
		Name of Contact JOHN MAROTTE	Telephone Number						
Name of Facility Where Abatement is Taking Place (3) PSE & G - J2315-PIPE TIE IN		Type of Facility (4)							
Street Address 485 W. MARKET STREET		<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) NEWARK		Square Feet N/A	# of Floors N/A						
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 9/1/2016	Scheduled Completion Date (11) 3/31/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: OUT DOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
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 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) 200 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUT DOORS		X		PIPE SOMASTIC		X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 12	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo		Date 8/12/2016			

CK # 7394

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

"OPEN
NOTIFICATION"

Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 1 2016 </div>	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD			
<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 SOUTH PLAINFIELD, NJ 07068			
		Name of Contact JOHN MAROTTE			

Name of Facility Where Abatement is Taking Place (3) PSE & G K0211 - FREEZE P:T			Type of Facility (4)		
Street Address 47-51 2ND STREET			<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) NEWARK			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASC No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA		
Street Address 64 BROAD STREET			Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111	
Start Date (10) 9/1/2016		Scheduled Completion Date (11) 3/31/2017		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One)			Street Address 396 WHITEHEAD AVE.		
<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: OUT DOORS			City, State, Zip Code SOUTH RIVER, NJ 08882		
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
OUT DOORS		X		PIPE SOMASTIC	200 LF	X			

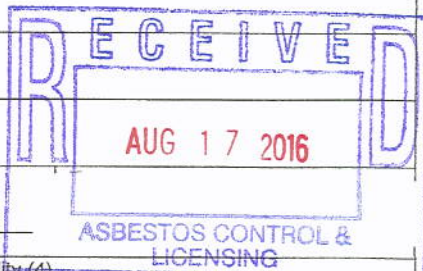
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 12	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 8/12/2016	

CK 7393

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

"OPEN
NOTIFICATION"

Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<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 SOUTH PLAINFIELD, NJ 07068							
		Name of Contact JOHN MAROTTE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - MH 36 (splice)		Type of Facility (4)							
Street Address 55 2ND STREET		<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) NEWARK		Square Feet N/A	# of Floors N/A						
County (6) ESSEX		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045							
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA							
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.							
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882							
Telephone No. 732-290-2217		Telephone No. 732-432-8350	License No. 01111						
Start Date (10) 9/1/2016	Scheduled Completion Date (11) 3/31/2017		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUT DOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
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
OUT DOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 12	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo		Date 8/12/2016			



CK #7391

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

"OPEN
Notification"

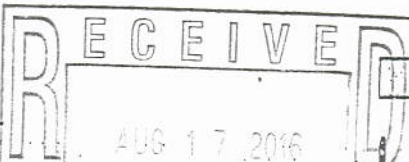
Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 17 2016 </div>					
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD			
<input type="checkbox"/> EPA <input type="checkbox"/> 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 SOUTH PLAINFIELD, NJ 07068			
				Name of Contact JOHN MAROTTE		Telephone Number A/C			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G-K-2211-PIPE TIE IN				Type of Facility (4)					
Street Address 57-61 4TH STREET				<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) NEWARK				Square Feet N/A		# of Floors N/A			
County (6) ESSEX				County Code (7) (STATE USE ONLY)		Bldg. Age N/A			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA			
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER				Telephone No. 732-290-2217		Telephone No. 732-432-8350			
						License No. 01111			
Start Date (10) 9/1/2016		Scheduled Completion Date (11) 3/31/2017		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.					
<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: OUT DOORS				City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
OUT DOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 12		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ				Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 8/12/2016			

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



Date of Notification (1) 08-12-2016		Name of Building Owner/Operator (2) Cedar Grove Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation							
Street Address 620 Pompton Avenue		City, State, Zip Code Cedar Grove, NJ 07009							
Name of Contact Mario Gaita		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) North End school									
Street Address 122 Stevens Avenue		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedar Grove		Square Feet							
County (6) Essex		# of Floors							
County Code (7) (STATE USE ONLY)		Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		Current Use (Prior if being demolished) school							
Street Address POB 385		ASCM No.							
City, State, Zip Code Oceanville, NJ 08231		Name of Abatement Contractor (9) Lilich Corporation							
Project Manager for Monitoring Firm John Smoyer		Street Address 606 McBride Ave							
Telephone No. 609-652-1833		City, State, Zip Code Woodland Park, NJ 07424							
Start Date (10) 08-17-2016		Telephone No. 973-225-8400							
Scheduled Completion Date (11) 08-21-2016		License No. 01104							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: unoccupied		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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
main office			X	ceiling tiles	375 SF	X			
nurses office			X	ceiling tiles	345 SF	X			
main office			X	pipe insulation	30LF	X			
principal's office			X	ceiling tiles/glue dots&VAT/mesh	600 SF	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 08/12/16			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)



Print Form

Date of Notification (1)
08-04-2016

Name of Building Owner/Operator (2)
Montclair Board of Education

Agencies Notified

Type Notification

☐ EPA
☒ DEP
☒ DOH
☒ DOA

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

Street Address
22 Valley Road

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Lenny Saponara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hillside Elementary School

Type of Facility (4)

Street Address
54 Orange Road

City (5)
Montclair

County (6)
Essex

County Code (7)
(STATE USE ONLY)

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

Square Feet

of Floors
3

Bldg. Age

Current Use (Prior if being demolished)
school

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood, NJ

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Anthony Valentine

Telephone No.
201-869-6708

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
08-12-16

Scheduled Completion Date (11)
08-13-2016

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: start 3:00 pm UNOCCUPIED

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure / Tent
☐ 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

Removal
Repair
Encapsulate
Enclose

storage room

Yes No N/A

X

pipe insulation

25 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
Morrisonville, PA

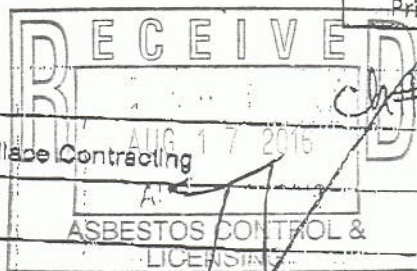
Completed by
Momo Glavotovic

Title
vice president

Signature

Date
08-04-2016

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



Print Form

Date of Notification (1)
08/11/16

Name of Building Owner/Operator (2)
Brick Twp. Board of Education/Wallace Contracting

Street Address
101 Hendrickson Ave

City, State, Zip Code
Brick, NJ 08724

Name of Contact
Lou Renton/Wallace Contr.

Telephone Number

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☐ DOH
☐ DCA

Type Notification

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

Name of Facility Where Abatement is Taking Place (3)
Veterans Memorial Elementary school

FACILITY INFORMATION

Street Address
103 Hendrickson Avenue

City (5)
Brick

County (6)
Ocean

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address

Street Address
606 McBride Ave

City, State, Zip Code

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
08-15-2016

Scheduled Completion Date (11)
08-18-2016

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 100 sf or ≥ 250 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility
(13)

Is Location
Normally
Used Solely by
Maintenance/
Custodial Staff?
(12)

Yes No N/A

Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation,
surfacing, VAT, or
other miscellaneous)

Amount
(Specify
SF or LF)

Abatement
Type

Removal

Repair

Encapsulate

Enclosure

building exterior

exterior window caulk

432 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 Glavotovic

Title
vice president

Signature

Date
08/11/16

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

CK 4297

Date of Notification (1) 8-8-16		Name of Building Owner/Operator (2) Anthony Demolition	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Abatement <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Remedial <input type="checkbox"/> Emergency (including Isolation) <input type="checkbox"/> Containment	
Street Address 23 English Ln		City, State, Zip Code Egg Harbor NJ	
Name of Contact Steve		Telephone Number	

RECEIVED
AUG 17 2016

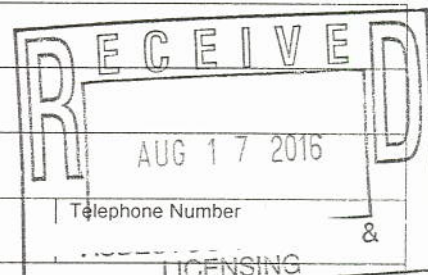
Name of Facility Where Abatement is Taking Place (3) HOUSE			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Synagogue & (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Venilton	County (6) Atlantic County	County Code (7) (STATE USE ONLY)	Current Use (prior to being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8)		ASDM No.	Name of Abatement Contractor (9) AMI JUNE LLC
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08035	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-527-0471
Start Date (10) 8-15-16	Scheduled Completion Date (11) 9-15-16	Name of OSHA Worker Self	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> As of or prior <input checked="" type="checkbox"/> As of or subsequent		City, State, Zip Code	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Chipping Process <input checked="" type="checkbox"/> Non-Enclosed / Partial Non-Press. Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED BY Facility (13)	Is Location Naturally Used Safely by Maintenance? Control State (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (quantity (14) or (15))	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
OUTSIDE				(1 ACM) Siding	2600 SF	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler AMI JUNE LLC	Name of Waste Handler ID No. 00055425	Cubic Yards of Waste 5CY	Name of Registered Landfill 10M of PA
City, State Delanco NJ	Disposal Code TBD	City, State Tullytown PA	
Signature J Hill	Signature [Signature]	Date 8-8-16	

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

OK 4834



Date of Notification (1) 08/12/16		Name of Building Owner/Operator (2) HUGH DYKES							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DELRAN NJ							
		Name of Contact	Telephone Number _____						
FACILITY INFORMATION									
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.)							
City (5) DELRAN		Square Feet 1500	# of Floors 2						
County (6) BURLINGTON		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. _____	License No. _____						
Start Date (10) 08/23/16	Scheduled Completion Date (11) 08/23/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC				MIS	80SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/23/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

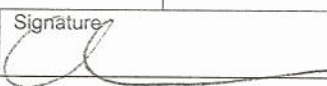
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 0379

Date of Notification (1) 8/12/16		Name of Building Owner/Operator (2) Singh Realty							
Agencies Notified	Type Notification	Street Address 3294 Kennedy Blvd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07307							
		Name of Contact Malvi	Telephone Number						
FACILITY INFORMATION		LICENSING							
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3294 Kennedy Blvd		Square Feet 3000	# of Floors 3						
City (5) Jersey City		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Bldg							
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) 8/21/16	Scheduled Completion Date (11) 8/24/16	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor				VAT	2000 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 8/12/16			


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

CK 5619

Date of Notification (1) 8/12/16		Name of Building Owner/Operator (2) Elizabeth Doyle Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 17 2016 </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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bellmawr NJ 08031							
		Name of Contact Elizabeth							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Doyle Private 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) Bellmawr NJ 08031				Square Feet 1000+	# of Floors 2				
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 8/13/16		Scheduled Completion Date (11) 8/14/16		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home owner is home				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 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
Bathroom 1st floor			x	popcorn ceiling	130 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ		Disposal Date 8/15/16		City, State Morrville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 8/12/16			

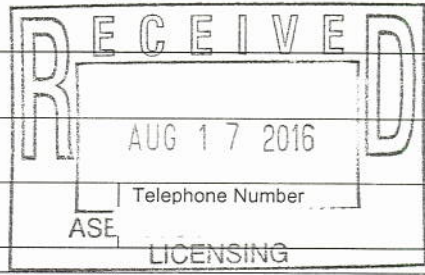
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CX 3224

Date of Notification (1) <div style="text-align: center;">8 / 11 / 16</div>		Name of Building Owner/Operator (2) Elsinboro Township Board of Education							
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 PO Box 327 City, State, Zip Code Alloway, NJ 08001 Name of Contact Rebecca Joyce							
		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 17 2016 ASBESTOS CONTROL & LICENSING </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elsinboro Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 631 Salem-Fort Elfsborg Road									
City (5) Salem	Square Feet 50,000	# of Floors 2	Bldg. Age 80						
County (6) Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jeff Seaman	Telephone No. 856-889-5182	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) <div style="text-align: center;">08 / 22 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 26 / 16</div>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tiles	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 08/26/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 			Date 8/11/16		

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

CK 21587



Date of Notification (1) 08/10/2016		Name of Building Owner/Operator (2) Blairstown Board of Education							
Agencies Notified	Type Notification	Street Address 1 Sunset Hill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Blairstown, NJ, 07825							
		Name of Contact Greg Snyder							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Blairstown Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Sunset Hill Road		Square Feet	# of Floors						
City (5) Blairstown		Bldg. Age							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational and Environ		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 401 St James Avenue		Street Address 11 VREELAND AVENUE							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm Patrick McGuinness		Telephone No. 908-454-6316	Telephone No. 973-956-8700						
		License No. 00494							
Start Date (10) 08/29/2016	Scheduled Completion Date (11) 09/05/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Windows	200 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40 yds	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 09/05/2016		City, State MORRISVILLE, PA					
Completed by Danielle Mihajlovic		Title PROJECT COORDINATOR	Signature 	Date 08/10/2016					

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

1178



Date of Notification (1) August 11, 2016		Name of Building Owner/Operator (2) Amazon.com, Inc.							
Agencies Notified	Type Notification	Street Address 410 Terry Ave. N							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Seattle, WA 98109							
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Project Manager							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #								
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RCA		Type of Facility (4)							
Street Address 698 Rt. 46 W		<input type="checkbox"/> School (K-12)							
City (5) Teterboro		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) Passaic		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) Passaic		Square Feet	# of Floors						
County Code (7) (STATE USE ONLY)		Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) AET		Current Use (Prior if being demolished) Warehouse							
ASCM No. 0021		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 8/25/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
		<input 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
throughout			<input checked="" type="checkbox"/>	VAT	1,275 s/f	<input checked="" type="checkbox"/>			
"-"			<input checked="" type="checkbox"/>	Mastic	950 s/f	<input checked="" type="checkbox"/>			
exterior warehouse	<input checked="" type="checkbox"/>			caulk	10,000 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 122.2	Name of Registered Landfill Cumberland County / IESI Bethlehem					
City, State Newark, NJ		Disposal Date 12/31/16		City, State Newburg / Bethlehem, PA					
Completed by Mike Cooper		Title President	Signature 			Date 8/11/16			

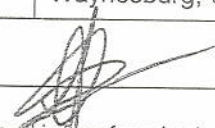
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 80946

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AUG 17 2016

ASBESTOS MONITORING & ABATEMENT

Date of Notification (1) 08/10/2016		Name of Building Owner/Operator (2) William Patterson							
Agencies Notified	Type Notification	Street Address 300 Pompton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Karl Pettit							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Patterson University		Type of Facility (4)							
Street Address 300 Pompton Road		<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) Wayne, NJ 07470		Square Feet 91,500	# of Floors 3						
County (6) Passaic		Bldg. Age 56							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 1253 N Church Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-889-5182	License No. 28675						
Start Date (10) 08/11/2016	Scheduled Completion Date (11) 11/11/2016	Name of OSHA Monitor Martin McRea							
Occupancy Status During Abatement (Check Only One)		Street Address 714 Kennedy Blvd.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bayonne, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room Slop Sink	<input checked="" type="checkbox"/>	X		Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 5 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 08/11/2016		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Assistant		Signature 		Date 08/10/2016			

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

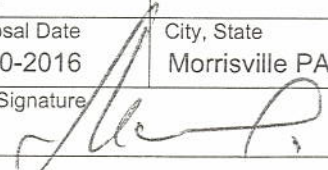
CK 420

Date of Notification (1) 08-11-2016		Name of Building Owner/Operator (2) Fred Norelli	
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 [REDACTED]
			City, State, Zip Code Bloomfield NJ 07003
		Name of Contact Fred Norelli	Telephone Number _____

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AUG 17 2016
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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]		
City (5) Bloomfield NJ 07003	Square Feet n/a	# of Floors n/a
County (6) Essex	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. _____
Street Address 1130 W Chestnut Street		Name of Abatement Contractor (9) Amax Contracting LLC
City, State, Zip Code Union NJ 07083		Street Address P.O BOX 734
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) 08-20-2016	Scheduled Completion Date (11) 08-23-2016	Name of OSHA Monitor Amax 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 24 Morley Dr
		City, State, Zip Code Woodland Park NJ 07424
Scope of Work (Check All That Apply)		
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <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	VAT	450 SF	x			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill GROWS	
City, State Woodland Park NJ 07424		Disposal Date 08-30-2016	City, State Morrisville PA		
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 08-11-2016		

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

CK 6298

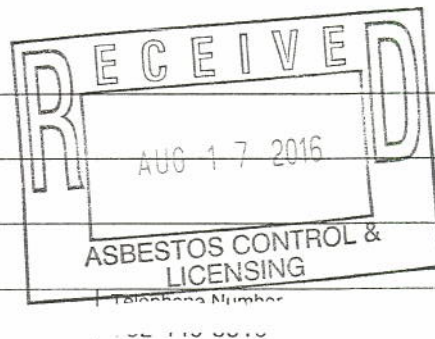
Date of Notification (1) 8/11/16		Name of Building Owner/Operator (2) MR. GREG WALSH		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> R E C E I V E D AUG 17 2016 Telephone Number ASBESTOS ABATEMENT </div>			
Agency Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CRESSKILL, NJ. 07626 Name of Contact MR WALSH					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. WALSH			Type of Facility (4)				
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) CRESSKILL			Square Feet 2100	# of Floors 2	Bldg. Age 1930		
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)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			Best Removal Inc				
City, State, Zip Code			Street Address 450 South River St				
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, N.J. 07601				
Start Date (10) 8/24/16		Scheduled Completion Date (11) 8/25/16	Telephone No. 201-329-7444				
Occupancy Status During Abatement (Check only one)		License No. 00388					
<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: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental					
Scope of Work (Check all that apply)		Street Address 280 Huyler St					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 70 LF	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT			P THERMAL SYSTEMS INSULATION		X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 207	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 8/25/16	City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>			Date 8/11/16		

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

CIC 6297

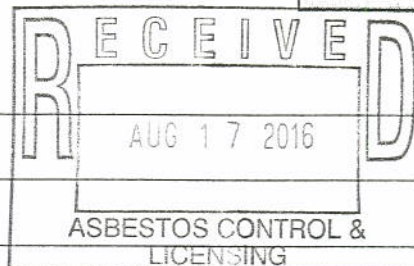
Date of Notification (1) 8/11/16		Name of Building Owner/Operator (2) MR. BRIAN HORAN		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 17 2016 ASBESTOS CONTROL & </div>			
Agency Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FORT LEE, NJ, 07024					
		Name of Contact MR. HORAN		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. HORAN				Type of Facility (4)			
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) FORT LEE				Square Feet 1800	# of Floors 2		
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 1945		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			Best Removal Inc				
City, State, Zip Code			Street Address				
			450 South River St				
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code				
			Hackensack, N.J. 07601				
Start Date (10) 8/23/16		Scheduled Completion Date (11) 8/24/16	Name of OSHA Monitor				
Occupancy Status During Abatement (Check only one)			Omega Environmental				
<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 5:00 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"/> ≤ 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
BASEMENT			THERMAL INSULATION	25 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1.02	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 8/24/16	City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>			Date 8/11/16		

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



Date of Notification (1) 08/11/16		Name of Building Owner/Operator (2) GAIL BENNETT							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input type="checkbox"/> [Redacted] City, State, Zip Code SPRING LAKE HEIGHTS Name of Contact GAIL							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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.)							
City (5) SPRING LAKE HEIGHTS		Square Feet 2000	# of Floors 3						
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) 08/21/16	Scheduled Completion Date (11) 08/21/16	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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	70 LF	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 08/21/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

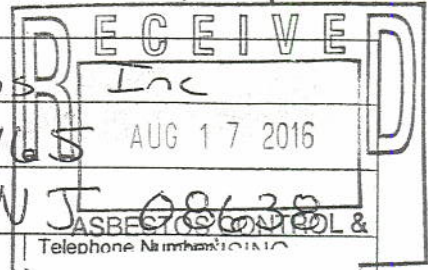
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 08/11/16		Name of Building Owner/Operator (2) Mattina Construction Ilc.							
Agencies Notified	Type Notification	Street Address 22 TOMS RIVER RD							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JACKSON NJ							
		Name of Contact JEAN MATTINA	Telephone Number 732-668-9078						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) _____		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 1500	# of Floors 2						
City (5) OAKHURST		Bldg. Age _____							
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) 08/21/16	Scheduled Completion Date (11) 08/22/16	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 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				MIS	1500 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/22/16		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 # 9734



Date of Notification (1) 8-11-16		Name of Building Owner/Operator (2) J Vinch + Sons Inc	
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 P.O. Box 5465 City, State, Zip Code Trenton NJ 08638	
		Name of Contact Gary Vinch Telephone Number 609-391-1111	

Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3700 Route 1			
City (5) West Windsor NJ 08540		Square Feet	# of Floors 2
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 80+-
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 8-22-16	Scheduled Completion Date (11) 8-31-16		
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 EPC Technologies Inc	
		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	

Scope of Work (Check All That Apply)

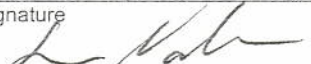
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Floor Tiles	3500SF	X			
Basement	X			Pipe Insulation	250 LF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date by 8-31-16		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature <i>Steve Schenker</i>	Date 8-11-16	

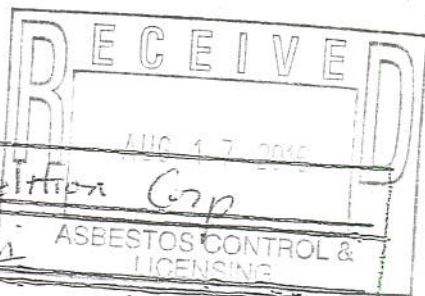
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1399

Date of Notification (1) 08/09/16		Name of Building Owner/Operator (2) Academy of The Most Blessed Sacrament							
Agencies Notified	Type Notification	Street Address 785 Franklin Lake Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Franklin Lakes, NJ 07417							
		Name of Contact Thomas Altonjy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academy of the Most Blessed Sacrament		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 785 Franklin Lake Rd.		Square Feet 24,000	# of Floors 1						
City (5) Franklin Lakes		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 20-21 Wagraw Rd. Bldg 35E		Street Address 156 Maple Ave.							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 862-221-9092						
Start Date (10) 08/19/16		Scheduled Completion Date (11) 08/30/16	License No. 01107						
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 Leslaw Nalodka							
		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
boiler room		*		pipe insulation	140 lf.	*			
boiler room		*		duct/tank insulation	326sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GCSL					
City, State Newark, NJ		Disposal Date 08/31/16		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 08/09/16			

CK 4302

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:27 and 12:26)



Date of Notification (1)
8-12-16

Agencies Notified

<input type="checkbox"/> EPA	Type Notification	<input type="checkbox"/> Initial
<input type="checkbox"/> DEP		<input type="checkbox"/> Amended
<input type="checkbox"/> DOL		<input type="checkbox"/> Amendment 2
<input type="checkbox"/> DOH		<input type="checkbox"/> Emergency (imminent)
<input type="checkbox"/> DCA		<input type="checkbox"/> Judicial Govt
		<input type="checkbox"/> Consultation

Name of Building Owner/Operator (2)
American Demolition Corp

Street Address
2 English Ln

City, State, Zip Code
Egg Harbor twp NJ 08234

Name of Contact
Bernard Sykes

Telephone Number

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

FACILITY INFORMATION

Street Address
[Redacted]

City (5)
Tuckerton NJ

County (6)
Ocean

Type of Facility (4)

<input type="checkbox"/> School (K-12)	Square Feet	# of Floors	Bldg. Age
<input type="checkbox"/> Subchapter S (Other than K-12)			
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Telephone No.

License No.

Start Date (10)
8-22-16

Scheduled Completion Date (11)
9-22-16

Company Status During Abatement (Check only one)

<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours
<input type="checkbox"/> Other - Describe:

Scope of Work (Check all that apply)

<input type="checkbox"/> 25 or less sq ft	<input type="checkbox"/> Repetition	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> 2560 or more sq ft	<input checked="" type="checkbox"/> Remediation	<input type="checkbox"/> Full Enclosure
		<input type="checkbox"/> Gloving Procedure
		<input checked="" type="checkbox"/> Non-Enclosed and Non-Fabric Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED at Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, GFI, or other materials)	Amount (quantity) (14)	Abatement Type		
	Yes	No	N/A			Removal	Repair/ encapsulate	Encapsulation
OUTSIDE				(ACM) Siding	2500 sq ft	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler
ANI duc LLC

City, State
Delmarco NJ

Name of Registered Landfill
WIM of PA

City, State
Tullytown PA

Signature
THH

Date
8-12-16

* Do not use this form for asbestos hazardous exemption applications.

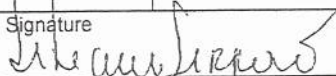
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1955

Date of Notification (1) 8-8-2016		Name of Building Owner/Operator (2) Jorge Nunez							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Lodi, NJ 07644							
		Name of Contact Jorge Nunez	Telephone Number ASBESTOS ABATEMENT & Licensure						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lodi, NJ 07644		Square Feet 2232	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 105+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 8-9-2016	Scheduled Completion Date (11) 8-9-2016	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Roof		X		roof material	300 SF	X			
Basement		X		Flue packing	4 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s North landfill					
City, State Jersey City, NJ		Disposal Date 8-9-2016		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 8-8-2016			

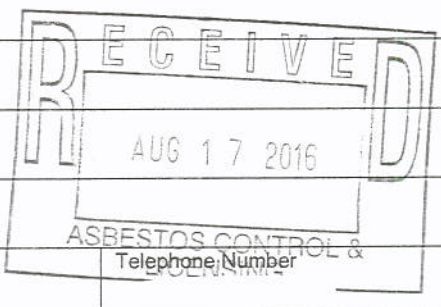
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 1959

Date of Notification (1) 08-12-2016		Name of Building Owner/Operator (2) Richwood Country Club		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> AUG 17 2016 ASBESTOS ABATEMENT </div>				
Agencies Notified		Type Notification				Street Address 96 West Midland Ave		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Paramus NJ 07652 Name of Contact John Hemrick		
				Telephone Number _____				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Country Club				Type of Facility (4)				
Street Address 96 West Midland Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Paramus				Square Feet 20000	# of Floors 2			
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No. _____	Name of Abatement Contractor (9) Green Environmental Services				
Street Address			Street Address 235 Virginia Ave					
City, State, Zip Code			City, State, Zip Code Jersey City NJ					
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 201-333-8855		License No. 01174			
Start Date (10) 08-13-2016		Scheduled Completion Date (11) 08-13-2016		Name of OSHA Monitor Same as Above				
Occupancy Status During Abatement (Check Only One)				Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		x	Pipe Insulation	35LF	x			
Name of Registered Waste Hauler Green Env Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S North Landfill				
City, State Jersey City NJ 07304			Disposal Date 08-13-2016	City, State Morrisville P.A.				
Completed by Liliana Serrano		Title Office Manager	Signature 		Date 08-12-2016			

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

OK 5920



Date of Notification (1) 08/12/2016		Name of Building Owner/Operator (2) Giuseppe and Susan Formica							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mercerville, NJ 08619							
		Name of Contact Giuseppe Formica							
Telephone Number [REDACTED]									
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) Mercerville	Square Feet 2,100	# of Floors 3	Bldg. Age 87						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Bio-Terra Solutions		ASCN No. _____							
Street Address 1130 West Chestnut Street		Name of Abatement Contractor (9) Incinia Contracting, Inc.							
City, State, Zip Code Union, NJ 07083		Street Address 1360 Clifton Avenue, Unit 365							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Clifton, NJ 07012							
Telephone No. (973) 494-3762		Telephone No. 973-450-9500	License No. 001036						
Start Date (10) 08/25/2016	Scheduled Completion Date (11) 08/25/2016	Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, Unit 365							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Vinyl Floor Tiles	460 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title Executive Director	Signature 			Date 08/12/2016			

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

Date of Notification (1) 8/12/2016		Name of Building Owner/Operator (2) MARK HAMPTON APARTMENTS LLC	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 17 2016 </div>
<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 Matawan, NJ, 07747	
		Name of Contact R. Lenhart	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4) LICENSING	
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.)	
City (5)	County monmouth	County Code (7) (STATE USE ONLY)	Square Feet 7500
			# of Floors 2
			Bldg. Age 65
		Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 8-26-16	Sched. Completion Date (11) 8-29-16	Name of OSHA Monitor N/A		
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

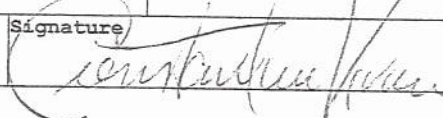
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Bldg 2, basement 2			X	Pipe insulation	220	X			
Bldg 11 basement 22			X	Pipe insulation	220	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 8-30-16	City, State Waynesburg, Ohio 44688		

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/12/2016
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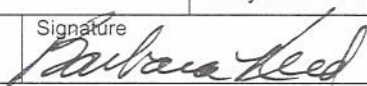
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 13115

Date of Notification (1) <div style="text-align: center;">8 / 12 / 16</div>		Name of Building Owner/Operator (2) Colt Arms Preservation Urban Renewal LP							
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 394 Broadway							
		City, State, Zip Code New York, NY 10013							
		Name of Contact Jody Arena	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colt Arms Apartments		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 52 Goodwin Street									
City (5) Patterson, NJ		Square Feet 200,000	# of Floors 14						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age 41						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
Street Address 411 Southgate Court		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398						
Start Date (10) <div style="text-align: center;">8 / 29 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 30 / 16</div>	Name of OSHA Monitor EHS Environmental Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____PM-____AM		Street Address 411 Southgate Court							
		City, State, Zip Code Mickleton, NJ 08056							
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 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
trash room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spray-on ceiling insulation	924SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
generator room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spray-on ceiling insulation	532SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pump room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spray-on ceiling insulation	240SF	<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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 40	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 9/30/16		City, State Morrisville, PA					
Completed By (Print or Type) James Kelly	Title Vice President		Signature 			Date 8/12/16			

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

OK 3129

Date of Notification (1) 08/11/2016		Name of Building Owner/Operator (2) Sussex County Technical School							
Agencies Notified	Type Notification	Street Address 105 North Church Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sparta, NJ							
		Name of Contact Rob Gash	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Greenhouse - Sussex County Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 105 North Church Road		Square Feet	# of Floors						
City (5) Sparta		Bldg. Age							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCN No.	Name of Abatement Contractor (9) Be Construcion Corporation						
Street Address 20 Launch Road		Street Address 235 Watcung Avenue							
City, State, Zip Code Mohnton PA 19540		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Michael Krischer		Telephone No. 610-856-7700	Telephone No. 973-669-2900						
License No. 01231									
Start Date (10) 08/25/2016	Scheduled Completion Date (11) 09/09/2016	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Greenhouse vacated during abatement		Street Address 2512 W Cary Street							
		City, State, Zip Code Richmond VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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
Greenhouse		X		Caulking	3,400LF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility					
City, State West Orange NJ			Disposal Date	City, State Tullytown PA					
Completed by Barbara Reed		Title President	Signature 	Date 08/11/2016					

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

Check 15476

Date of Notification (1) 8/10/16		Name of Building Owner/Operator (2) Matt Franklin							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Matt Franklin	Telephone Number 17 2016						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		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.)							
City (5) Jersey City		Square Feet 2100	# of Floors 2 Bldg. Age 63						
County (6) Hudson	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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 8/19/16	Scheduled Completion Date (11) 9/30/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature			Date 8/10/16			

08/10/2016 15:59 2012520321

AMAC

PAGE 02/83

CK 9163

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

APPROVED
CHECK # 9163

Date of Notification (1) 8/10/16		Name of Building Owner/Operator (2) LA QUINTA CORPORATION						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation						
Street Address 909 HIDDEN RIDGE SUITE 600		City, State, Zip Code IRVING TEXAS 75038						
Name of Contact DALLIN DEWITT		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HOTEL		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 1850 ROUTE-23		Square Feet 25,000						
City (5) WAYNE		# of Floors 4						
County (6) PASSAIC		Bldg. Age + 50						
Country Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) HOTEL						
Name of Monitoring Firm Hired by Building Owner (8) ATC GLOVE SERVICE		ASCM No.						
Street Address 104 E 25TH ST.		Name of Abatement Contractor (9) A.MAC Contracting Inc.						
City, State, Zip Code NEW YORK N.Y. 10010		Street Address 185 Vreeland Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ						
Telephone No.		Telephone No. (201) 282-5841						
Start Date (10) 8/1/16		License No. 00166						
Scheduled Completion Date (11) 8/30/16		Name of OSHA Monitor Omega Environmental Services						
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 Other - Describe:		Street Address 280 Huyler St.						
		City, State, Zip Code Hackensack, NJ 07608						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 of or 23 if 2160 sf or 2260 if		<input checked="" type="checkbox"/> Renovation Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosures Glovebag Procedure Non-Exempted ("") and Non-Frangible Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, YAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Room 407			✓	SURFACING	25F	✓		
Room 416			✓	SURFACING	25F	✓		
Room 417			✓	SURFACING	15F	✓		
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 41		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
City, State Newark, NJ		Disposal Date 8/11/16		City, State Bethlehem, PA				
Completed by: Joseph Vaccaro		Title Vice President		Signature J. Vaccaro		Date 8/10/16		

ASD-41 (R-04-08)

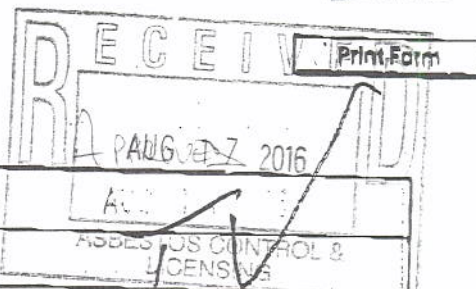
Do not use this form for asbestos licensure exempted activities.

08/11/2016 THU 11:03 FAX

0002/004

CK 9132

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:160 and 12:120)




Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC							
Agencies Notified	Type Notification	Street Address 563 Crystal Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Robert LaMastro							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Corning Pharmaceutical Glass, LLC Bldg. 42 Print Shop		Type of Facility (4)							
Street Address 563 Crystal Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Vineland		Square Feet 1,800	# of Floors 2-5 Tower						
County (6) Cumberland		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.							
Street Address 411 Southgate Court		Street Address 42 Ridge Road							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856 224-0080	Telephone No. 610 933-4332						
Start Date (10) 8/12/2016		License No. 00838							
Scheduled Completion Date (11) 8/15/2016		Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 250 sf or 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Prisable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Batch House Roof			X	Transite Panels	140 SF	X			
Name of Registered Waste Hauler C & H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 7903		Cubic Yards of Waste ~ 3 Cu. Yds.	Name of Registered Landfill Cumberland County Improv. Auth.				
City, State Elmer, NJ		Disposal Date 8/2016		City, State Millville, NJ					
Completed by Patrick Larnay		Title Project Manager		Signature 		Date 8/11/2016			

ASB-61 (R-08-08)


* 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)

AUG 17 2016

Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC							
Agencies Notified	Type Notification	Street Address 563 Crystal Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Robert LaMastro	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Corning Pharmaceutical Glass, LLC Bldg. 42 Print Shop		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 563 Crystal Avenue		Square Feet 1,800	# of Floors 2-5 Tower						
City (5) Vineland		Bldg. Age 65							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 411 Southgate Court		Street Address 42 Ridge Road							
City, State, Zip Code Mickelton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856 224-0080	License No. 00836						
Start Date (10) 8/12/2016	Scheduled Completion Date (11) 8/15/2016	Name of OSHA Monitor Neuber Environmental Services, 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Batch House Roof			X	Transite Panels	140 SF	X			
Name of Registered Waste Hauler C & H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 7903	Cubic Yards of Waste ~ 3 Cu. Yds.	Name of Registered Landfill Cumberland County Improv. Auth.					
City, State Elmer, NJ		Disposal Date 8/2016		City, State Millville, NJ					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 8/11/2016		

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

Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC							
Agencies Notified	Type Notification	Street Address 563 Crystal Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Robert LaMastro							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Corning Pharmaceutical Glass, LLC Bldg. 42 Print Shop		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 563 Crystal Avenue		Square Feet 1,800	# of Floors 2-5 Tower						
City (5) Vineland		Bldg. Age 65							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.							
Street Address 411 Southgate Court		Street Address 42 Ridge Road							
City, State, Zip Code Mickelton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856 224-0080	Telephone No. 610 933-4332						
License No. 00836									
Start Date (10) 8/12/2016	Scheduled Completion Date (11) 8/15/2016	Name of OSHA Monitor Neuber Environmental Services, 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Batch House Roof			X	Transite Panels	140 SF	X			
Name of Registered Waste Hauler Neuber Environmental Services, Inc.		NJDEP Waste Hauler ID No. 35969	Cubic Yards of Waste ~ 3 Cu. Yds.	Name of Registered Landfill Cumberland County Improv. Auth.					
City, State Phoenixville, PA		Disposal Date 8/2016		City, State Millville, NJ					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 8/11/2016		

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

Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) Ann Ashman		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 17 2016 </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 Montclair, NJ, 07042		
		Name of Contact Ann Ashman	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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 5600	# of Floors 2	Bldg. Age 91
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) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 8/24/16	Sched. Completion Date (11) 8/26/16		Name of OSHA Monitor N/A		
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			Street Address		
			City, State, Zip Code		

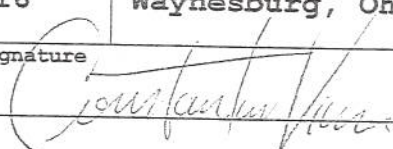
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Furnace Room			X	Pipe insulation	60 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 8/29/16	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/11/2016		

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

Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) Joni O'Lery	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Joni O'Lery	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 973 744-8800	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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 3600	# of Floors 2	Bldg. Age 94
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) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 8/22/16 Month Day Year	Sched. Completion Date (11) 8/23/16 Month Day Year	Name of OSHA Monitor N/A		
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

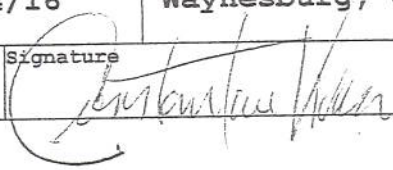
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			<input checked="" type="checkbox"/>	Pipe insulation	10 lf	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 8/24/16	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/11/2016		

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

check# 2958

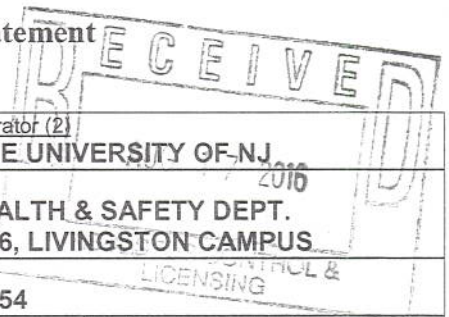
GAC Project # 060-16

Date of Notification (1) August 10, 2016		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number ROL & LICENSING
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GEOLOGY, BLDG# 3002		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years	
Street Address DOUGLASS CAMPUS			
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 08/19/16	Scheduled Completion Date (11) 08/21/16	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 12 NOON - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 50 SF
Room 210	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/21/2016	Name of Registered Landfill G.R.O.W.S. North Landfill City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 10, 2016

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

NO CK
GAC Project # 060-16

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



Date of Notification (1) August 08, 2016		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 4 – New Completion Date <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): EXTERIOR EXCAVATION AREA	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/25/16	Scheduled Completion Date (11) 08/30/16	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other – Describe: Shift Hours: 3:00 PM – 5:00 AM Daily (Phased as Excavation Progresses - 24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap & Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) EXCAVATION AREA (exterior)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <9 LF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40 CY
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ NJDEP # 04509		Disposal Date 08/30/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 8, 2016

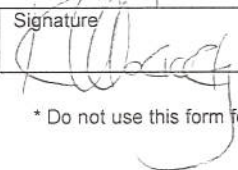
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 23269

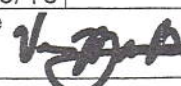
Date of Notification (1) 08-10-16		Name of Building Owner/Operator (2) HPF VIII 33 Route 17, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Maple Avenue	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Brian Tobiasz	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 33 Route 17 South		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) East Rutherford	Square Feet 50,000	# of Floors 1	Bldg. Age 40 yrs.
County (6) Bergen	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.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address City, State, Zip Code		Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565 License No. 00756
Start Date (10) 08-22-16	Scheduled Completion Date (11) 10-15-16	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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	Membrane / Flashing	38,250SF	x			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688	
Completed by Kevin Moriarty		Title Project Manager	Signature 	Date 08-10-16	

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

Date of Notification (1) Aug 11th 2016		Name of Building Owner/Operator (2) S&b realty							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	500 Supor Blvd City, State, Zip Code Harrison NJ 07029 Name of Contact Mark Triano							
		Telephone Number Aug 11 2016							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 2 Story vacant warehouse		Type of Facility (4)							
Street Address 1000 Frank E. Rogers Blvd.		<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) Harrison	Square Feet 34,000 sf	# of Floors 2	Bldg. Age 70						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant building							
Name of Monitoring Firm Hired by Building Owner (8) EHS Enviromental, Inc		Name of Abatement Contractor (9) DAS Industrial							
Street Address 411 Southgate Court Suite E		Street Address 21 Pine Street							
City, State, Zip Code Mickleton NJ 08056		City, State, Zip Code Rockaway NJ 07866							
Project Manager for Monitoring Firm Tbd	Telephone No. 856224-008	Telephone No. 9737943618	License No. 01280						
Start Date (10) May 31, 2016	Scheduled Completion Date (11) Sept 31, 2016	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Removal of asbestos roofing	26,000 sf	X			
Name of Registered Waste Hauler Newark Carting inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60	Name of Registered Landfill G.r.o.w.s					
City, State Newark NJ		Disposal Date 9/30/16		City, State Morrisville, Pa					
Completed by Vincent Manganiello		Title Owner	Signature 			Date 8/11/16			

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

Initial

OK 2509

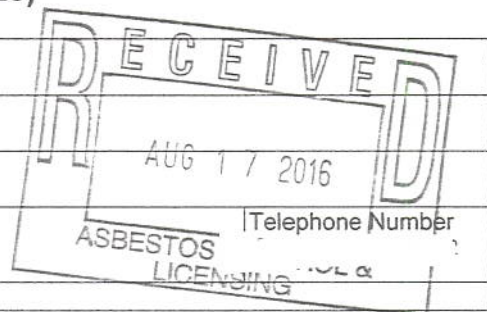
Date of Notification (1) 7-29-2016		Name of Building Owner / Operator (2) Ridge Park Apartments LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 17 2016 ASBESTOS CONF LICENSING </div>						
Agencies Notified		Type Notification								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation								
Street Address 1122 Clifton Avenue City, State & Zip Code Clifton, NJ 07013 Name of Contact Jerry Campbell		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments – Building 200			Type of Facility (4)							
Street Address 20-B Ridge Park Drive			<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) North Arlington, NJ		County (6) Bergen	County Code (7)	Square Feet 5650	# of Floors 2					
				Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address P.O. Box 365			Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185						
Scheduled Start Date (10) 08-11-2016		Scheduled Completion Date (11) 8-31-2016		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am – 5pm <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Union, NJ 07083							
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	Encapsulat	Enclosure
Boiler Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated Elbows	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated Elbows	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	325	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated Elbows	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619				Disposal Date TBD	City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President		Signature <i>Brian Haney</i>			Date 7-29-2016			

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**

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

Amended

OK 2509



Date of Notification (1) 8-12-2016		Name of Building Owner / Operator (2) Ridge Park Apartments LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1122 Clifton Avenue City, State & Zip Code Clifton, NJ 07013 Name of Contact Jerry Campbell						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments – Building 200		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 20-B Ridge Park Drive		Square Feet 5650 # of Floors 2 Bldg. Age 70						
City (5) North Arlington, NJ	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279 License Number 01185						
Scheduled Start Date (10) 08-29-2016	Scheduled Completion Date (11) 9-16-2016		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am – 5pm <input type="checkbox"/> Facility Occupied During Abatement		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 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	Encapsulat	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated Elbows	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated Elbows	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	325	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associated Elbows	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619			Disposal Date TBD	City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>			Date 7-29-2016			