

CK 6801

Date of Notification (1) 10/18/16		Name of Building Owner/Operator (2) jean barson	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code GLEN RIDGE, NJ 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact jean barson	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number AUG 22 2016	
<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) jean barson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) GLEN RIDGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/25/16		Sched. Completion Date (11) 09/15/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		PIPE INSULATION	121 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 08/26/16		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			Date 08/12/2016		

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

D&S Proj. #: 16-254

CX 6801

Date of Notification (1) 08/12/16		Name of Building Owner/Operator (2) robert vilin	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code fanwood, nj 07023	
Name of Contact robert vilin		Telephone Number [REDACTED]	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		[REDACTED]		Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]		[REDACTED]		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Telephone Number 973-345-8020	
[REDACTED]		[REDACTED]		License Number 01169	
Start Date (10) 08/24/16		Sched. Completion Date (11) 09/15/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		[REDACTED]		Street Address 20 California Avenue	
[REDACTED]		[REDACTED]		City, State, Zip Code Paterson, NJ 07503	

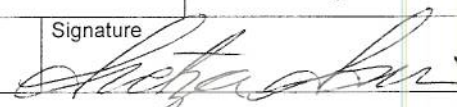
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement shop rm 4 loc.		X		duct INSULATION	15 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/25/16		City, State TULLYTOWN, PA		Date 08/12/16	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 08/12/16	




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

NO OK

Date of Notification (1) <b>08 / 09 / 16</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   AUG 22 2016   ASBESTOS CONTROL &amp; REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA- <u>DOL</u> <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main St.</b>							
		City, State, Zip Code <b>Woodbridge NJ 07095</b>							
		Name of Contact <b>Robert Wowensdorf</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Existing Bldg</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>MP E111.5</b>									
City (5) <b>Secaucus</b>				Square Feet <b>6900</b>	# of Floors <b>1</b>				
				Bldg. Age <b>1960</b>					
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Prosecutor's Office</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Environmental Solutions LLC</b>		ASCM No. <b>06-15995</b>	Name of Abatement Contractor (9) <b>APS Contracting, Inc.</b>						
Street Address <b>PO Box 1224</b>			Street Address <b>155-161 Pennsylvania Avenue</b>						
City, State, Zip Code <b>Union, NJ 07083</b>			City, State, Zip Code <b>Paterson, NJ 07503</b>						
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-754-1908</b>	License No. <b>01-287</b>					
Start Date (10) <b>08 / 29 / 16</b>	Scheduled Completion Date (11) <b>09 / 09 / 16</b>		Name of OSHA Monitor <b>APS Contracting, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM			Street Address <b>155-161 Pennsylvania Avenue</b>						
			City, State, Zip Code <b>Paterson, NJ 07503</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	8,448 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiberglass Wall Insul/Cement Brd Panels/Transite	324sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm1038	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic/Cork Floor Tile	7,940sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rms 1040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Piping/Pipe Insulation	22 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>APS Contractors, Inc.</b>		NJDEP Waste Hauler ID No. <b>21259</b>		Cubic Yards of Waste <b>40 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Paterson, New Jersey</b>				Disposal Date <b>08/20/16</b>	City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Svetozar Savreski</b>		Title <b>President</b>		Signature 		Date <b>8/9/16</b>			

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


*CK 13079*

Date of Notification (1) <div style="text-align: center;">8 / 18 / 16</div>		Name of Building Owner/Operator (2) <b>MCB East Brunswick Real Estate</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2701 North Charles St.</b>							
		City, State, Zip Code <b>Balt., MD 21218</b>							
		Name of Contact							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>50 Race Track Road</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>50 Race Track Road</b>									
City (5) <b>East Brunswick, NJ</b>		Square Feet <b>150,000</b>	# of Floors <b>1</b>						
		Bldg. Age <b>40+</b>							
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Retail</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex</b>	ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>							
Street Address <b>700 Turner Way, Suite105</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Aston, PA 19014</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Don Heim</b>	Telephone No. <b>610-558-8902</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>						
Start Date (10) <div style="text-align: center;">9 / 1 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 30 / 16</div>	Name of OSHA Monitor <b>AET</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>      </u> PM/ <u>3:30</u> PM- <u>      </u> AM		Street Address <b>28 N. Pennel Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>35,400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Main Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Mastic</b>	<b>42,500 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mezzanine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT / Mastic</b>	<b>1520 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Richard Burns &amp; Co</b>		NJDEP Waste Hauler ID No. <b>19955</b>	Cubic Yards of Waste <b>120</b>	Name of Registered Landfill <b>Western Berks Community Landfill</b>					
City, State <b>Phila., PA</b>		Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>	Title <b>Estimator</b>		Signature 			Date <b>8/18/16</b>			



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

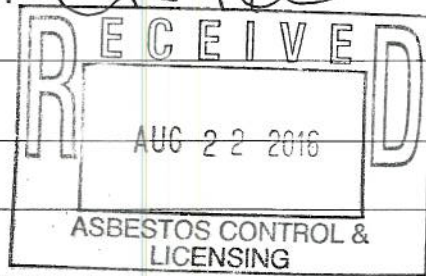
CK 1659

Date of Notification (1) 08 / 19 / 16		Name of Building Owner/Operator (2) NJSDA		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  AUG 22 2016  ASBESTOS CONTAINMENT </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 32 East Front Street			
		City, State, Zip Code Trenton, NJ 08625				Name of Contact Naimish Kathiari			
						Telephone Number ASBESTOS CONTAINMENT 2			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hedgepath-Williams School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 301 Gladstone Ave.,									
City (5) Trenton, NJ 08629				Square Feet	# of Floors				
County (6) Mercer				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.				ASCM No. 00102	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC				
Street Address 515 Grove Street, Suite 1 B				Street Address 27 Outwater Lane					
City, State, Zip Code Haddon Heights, NJ 08035				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-547-0505		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 07 / 07 / 16		Scheduled Completion Date (11) 09 / 15 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane					
				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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Debris	890 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Debris	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen (Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Classrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	56 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 1A-371		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises LLC				
City, State Shirley, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 8/19/16			



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

CX 1659



Date of Notification (1) <div style="text-align: center;">06 / 28 / 16</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">NJSDA</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 <div style="text-align: center;">32 East Front Street</div>							
		City, State, Zip Code <div style="text-align: center;">Trenton, NJ 08625</div>							
		Name of Contact <div style="text-align: center;">Naimish Kathiari</div>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Hedgepath-Williams School</div>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="text-align: center;">301 Gladstone Ave.,</div>									
City (5) <div style="text-align: center;">Trenton, NJ 08629</div>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <div style="text-align: center;">Mercer</div>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Pennoni Associates Inc.</div>	ASCM No. <div style="text-align: center;">00102</div>	Name of Abatement Contractor (9) <div style="text-align: center;">ALL PRO MANAGEMENT LLC</div>							
Street Address <div style="text-align: center;">515 Grove Street, Suite 1 B</div>		Street Address <div style="text-align: center;">27 Outwater Lane</div>							
City, State, Zip Code <div style="text-align: center;">Haddon Heights, NJ 08035</div>		City, State, Zip Code <div style="text-align: center;">Garfield, NJ 07026</div>							
Project Manager for Monitoring Firm <div style="text-align: center;">Brian Clark</div>	Telephone No. <div style="text-align: center;">856-547-0505</div>	Telephone No. <div style="text-align: center;">973-928-4888</div>	License No. <div style="text-align: center;">1188</div>						
Start Date (10) <div style="text-align: center;">07 / 07 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 31 / 16</div>	Name of OSHA Monitor <div style="text-align: center;">ALL PRO MANAGEMENT LLC</div>							
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: ____AM-____PM/____PM-____AM		Street Address <div style="text-align: center;">27 Outwater Lane</div>							
		City, State, Zip Code <div style="text-align: center;">Garfield, NJ 07026</div>							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Debris	890 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Debris	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen (Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	200 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 <div style="text-align: center;">ATC</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">1A-371</div>	Cubic Yards of Waste <div style="text-align: center;">As Needed</div>	Name of Registered Landfill <div style="text-align: center;">Minerva Enterprises LLC</div>					
City, State <div style="text-align: center;">Shirley, NY</div>			Disposal Date <div style="text-align: center;">TBD</div>	City, State <div style="text-align: center;">Waynesburg, OH</div>					
Completed By (Print or Type) <div style="text-align: center;">Raymond Blum</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 		Date <div style="text-align: center;">6/28/16</div>			



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

*CL # 3081*

Date of Notification (1) <b>8/18/16</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>7 West Seventh Street</b>
			City, State & Zip Code <b>Cincinnati, OH 45202</b>
			Name of Contact <b>Tia Wenrich</b>
			Telephone Number <b>770-211-1111</b>

**RECEIVED**  
 AUG 22 2016  
 ASBESTOS CONTROL & LICENSING

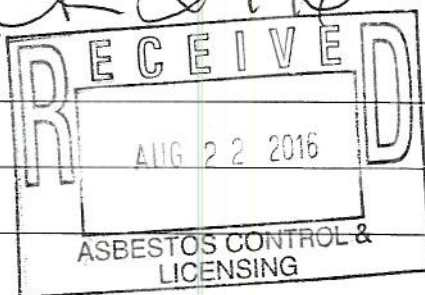
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>237 Woodbridge Center</b>		Square Feet	# of Floors
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Retail</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	
Street Address <b>515 Grove St.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Joseph Anello</b>		Telephone Number <b>856-656-2875</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>8/31/16</b>	Scheduled Completion Date (11) <b>9/8/16</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>10 PM to 7 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2<sup>nd</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile</b>	<b>1200 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>¼ Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, Delaware</b>	Disposal Date <b>9/7/16</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>8/18/16</b>

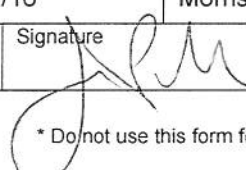
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/17/16 Blue acres exempt		Name of Building Owner/Operator (2) New Jersey D.P.M.C.							
Agencies Notified	Type Notification	Street Address 20 West State st.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Trenton							
		Name of Contact Walter Fernandez							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blue Acres Flood Buy Out Property		Type of Facility (4)							
Street Address 9 Squire St.		<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 Brunswick		Square Feet 1600	# of Floors 2						
		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Enviromental						
Street Address 1130 West Chestnut St. Suite 1224		Street Address 135 Kinnelon RD							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm Richard Aguinera		Telephone No. 973-494-3762	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 8/31/16	Scheduled Completion Date (11) 9/2/16	Name of OSHA Monitor Yannuzzi Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input 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
1st floor kitchen			x	sink coating and paneling glue	269 sf	x			
living room			x	wall covering	320 sf	x			
2nd floor bedroom			x	VAT	120 sf	x			
exterior			x	siding, roofing	2938 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 20	Name of Registered Landfill Grows/Tullytown				
City, State Kinnelon, NJ				Disposal Date 9/2/16	City, State Morrisville				
Completed by John Mucha		Title project manger		Signature 		Date 8/17/16			



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

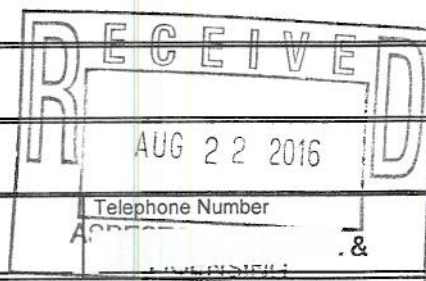
Date of Notification (1) 8/17/16 Blue acres exempt		Name of Building Owner/Operator (2) New Jersey D.P.M.C.							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	20 West State st.							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Trenton							
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact							
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Walter Fernandez							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blue Acres Flood Buy Out Property		Type of Facility (4)							
Street Address Garage at 9 Squire St.		<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 Brunswick		Square Feet 250	# of Floors 1						
County (6) Middlesex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned garage							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Enviromental						
Street Address 1130 West Chestnut St. Suite 1224		Street Address 135 Kinnelon RD							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm Richard Aguinera		Telephone No. 973-494-3762	Telephone No. 908-218-0880						
Start Date (10) 8/31/16		Scheduled Completion Date (11) 9/2/16	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi 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:		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Garage windows			x	gray exterior window glazing	32 lf				
Garage doors			x	white garage door caulk	50 lf				
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 2	Name of Registered Landfill Grows/Tullytown					
City, State Kinnelon, NJ			Disposal Date 9/2/16	City, State Morrisville					
Completed by John Mucha		Title project manger	Signature 			Date 8/17/16			

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

B & G proj. #: 2016-125

Check # 7973

Date of Notification (1) <u>08/19/16</u>		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Bob / ACP Contracting, Inc	
		Telephone Number [REDACTED] &	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Toll Utility Buildings & Tunnels			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address Interchange # 14			Square Feet   # of Floors   Bldg. Age		
City (5) Newark, NJ	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Toll utility building		
Name of Monitoring Firm Hired by Bldg. Owner (8) T & M Environmental		ASCM No. 145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 40 Monmouth Park Highway, Suite 2			Street Address 105 Ryerson Road		
City, State, Zip Code West Long Branch, NJ 07764			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number (732)676-4000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/31/2016		Sched. Completion Date (11) 09/01/2016			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>occupied</u>					
Name of OSHA Monitor B & G Restoration, Inc.			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

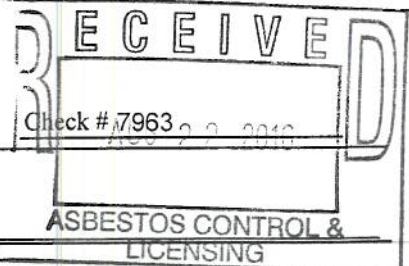
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room @ interchange 14			<input checked="" type="checkbox"/>	12 fittings	9 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/01/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/19/2016



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

B & G proj. #: 2016-119



Date of Notification (1) 08/19/16		Name of Building Owner/Operator (2) Lyanelly Negron	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Belleville, NJ 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Lyanelly Negron	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lyanelly Negron			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) Belleville	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/30/2016		Sched. Completion Date (11) 08/31/2016		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)				Street Address 105 Ryerson Road	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code LincolnPark, NJ 07035	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	66 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/31/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/19/2016

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

B & G proj. #: 2016-109

Check # 7970

Date of Notification (1) 08/19/16		Name of Building Owner/Operator (2) Kevin Burke		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">AUG 22 2016</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code Jersey City, NJ 07305		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact Kevin Burke		
<input checked="" type="checkbox"/> DOH				Telephone Number
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kevin Burke			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) Jersey City, NJ 07305			County (6) Hudson	Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 09/06/2016		Sched. Completion Date (11) 09/08/2016		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code LincolnPark, NJ 07035				

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	375 lf	X			
basement			X	asbestos containing debris	200 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 7	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/09/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/19/2016



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

B & G proj. #: 2016-107

Check # 7962

Date of Notification (1) 08/19/16		Name of Building Owner/Operator (2) Seton Ahearn		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> RECEIVED AUG 22 2016 ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code Cranford, NJ 07016		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact Seton Ahearn		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Seton Ahearn			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) Cranford, NJ 07016			County (6) Union	Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 08/29/2016	Sched. Completion Date (11) 08/30/2016		Name of OSHA Monitor B & G Restoration, 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 type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

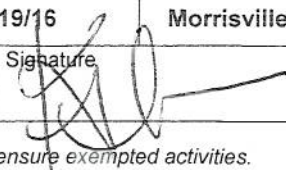
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			X	pipe insulation	115 lf	X			

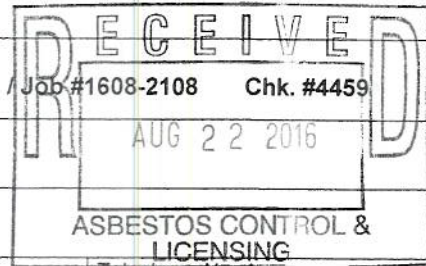
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/30/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/19/2016

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

Date of Notification (1) <div style="text-align: center;">5 / 8 / 15</div>		Name of Building Owner/Operator (2) <b>Marcus L. Ward Home</b> / Job #1608-2109 Chk. #4458							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4814 Outlook Drive, Suite 201</b> City, State, Zip Code <b>Wall Township, NJ 07753</b> Name of Contact <b>Heather Falkoff</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Winchester Gardens</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>333 Elmwood Avenue</b>		Square Feet <b>473,763</b>	# of Floors <b>5</b>						
City (5) <b>Maplewood</b>		Bldg. Age <b>89</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Senior Housing/Assisted Living</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>	License No. <b>00862</b>						
Start Date (10) <div style="text-align: center;">8 / 17 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 18 / 16</div>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
<b>Men's Locker Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>14 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Men's Locker Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Window Caulk</b>	<b>8 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>8/19/16</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>8-16-16</b>			



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



Date of Notification (1) 8 / 11 / 16		Name of Building Owner/Operator (2) Mr. Joseph Bascio		Job #1608-2108 Chk. #4459					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code <b>Palmyra, NJ 08065</b> Name of Contact <b>Joseph Bascio</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>				Square Feet <b>1700</b>					
City (5) <b>Palmyra</b>				# of Floors <b>2</b>					
County (6) <b>Burlington</b>				Bldg. Age <b>85 +</b>					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCN No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>		Telephone No. <b>609-702-0400</b>					
License No. <b>00862</b>									
Start Date (10) 8 / 23 / 16		Scheduled Completion Date (11) 8 / 23 / 16		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Carnevale Disposal</b>		NJDEP Waste Hauler ID No. <b>17297</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>GROWS Landfill</b>			
City, State <b>Hamilton, NJ</b>		Disposal Date <b>8/24/16</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>8-19-2016</b>			

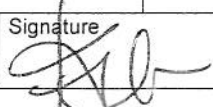
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 19 / 16		Name of Building Owner/Operator (2) Wayne Senior Citizens Runnymede Corp / Job #1502-1959 Chk. 4452	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 Runnymede Drive</b> City, State, Zip Code <b>Wayne, NJ 07470</b> Name of Contact <b>Vincy Bruno</b>	

**RECEIVED**  
 AUG 22 2016  
 ASBESTOS CONTROL

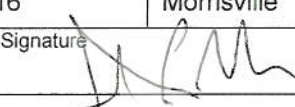
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Edward Sisco Sr. Citizens Village</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>100 Runnymede Drive</b>		Square Feet <b>9000</b>	# of Floors <b>1</b>
City (5) <b>Wayne</b>		Bldg. Age <b>40</b>	
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>R-2</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>Bensalem, PA</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Mike Panepresso</b>	Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) 9 / 2 / 16	Scheduled Completion Date (11) 9 / 2 / 16	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			

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
Units 106, 207, 307, 407, 507	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling (1" strip per unit)	approx. 5 SF per unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAME UNITS AS ABOVE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic (14 SF per unit)	140 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"/>

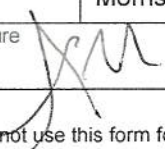
Name of Registered Waste Hauler <b>Carnevale Disposal</b>	NJDEP Waste Hauler ID No. <b>17297</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Hamilton, NJ</b>	Disposal Date <b>9/2/16</b>	City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>	Signature 	Date <b>8-19-16</b>



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

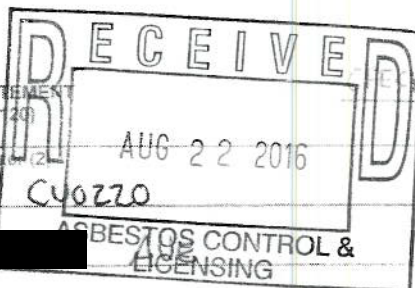
Date of Notification (1) 8/17/16 Blue acres exempt		Name of Building Owner/Operator (2) New Jersey D.P.M.C.							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20 West State st.							
		City, State, Zip Code Trenton							
		Name of Contact Walter Fernandez							
<div style="text-align: right; font-size: 2em; font-weight: bold; transform: rotate(-10deg); border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  AUG 22 2016  ASBESTOS CONTROL </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blue Acres Flood Buy Out Property		Type of Facility (4)							
Street Address 7 Squire St.		<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 Brunswick		Square Feet 300	# of Floors 1						
		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Enviromental						
Street Address 1130 West Chestnut St. Suite 1224		Street Address 135 Kinnelon RD							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm Richard Aguinera		Telephone No. 973-494-3762	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 8/29/16	Scheduled Completion Date (11) 9/1/16	Name of OSHA Monitor Yannuzzi Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof of garage/shed			x	black tar paper	625 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows/Tullytown					
City, State Kinnelon, NJ		Disposal Date 9/2/16		City, State Morrisville					
Completed by John Mucha		Title project manger	Signature 			Date 8/17/16			

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

Date of Notification (1) 8/17/16 Blue acres exempt		Name of Building Owner/Operator (2) New Jersey D.P.M.C.							
Agencies Notified	Type Notification	Street Address 20 West State st.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Trenton							
		Name of Contact Walter Fernandez							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blue Acres Flood Buy Out Property		Type of Facility (4)							
Street Address 5 Squire St.		<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 Brunswick		Square Feet 1800	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Enviromental						
Street Address 1130 West Chestnut St. Suite 1224		Street Address 135 Kinnelon RD							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm Richard Aguinera		Telephone No. 973-494-3762	Telephone No. 908-218-0880						
Start Date (10) 8/26/16		Scheduled Completion Date (11) 8/29/16	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi 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: _____		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	air cell pipe insulation	125 sf	x			
Basement			x	mud fittings	20 sf	x			
Basement			x	flue cement	4 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10 cy	Name of Registered Landfill Grows/Tullytown					
City, State Kinnelon, NJ			Disposal Date 9/2/16	City, State Morrisville					
Completed by John Mucha		Title project manger	Signature 			Date 8/17/16			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:14)

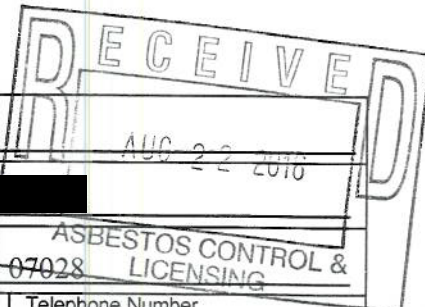


9172

Date of Notification (1) <b>8/18/16</b>		Name of Building Owner/Operator (2) <b>SANDY CUZZO</b>							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code <b>NORTH ARLINGTON, N.J. 07031</b>							
Name of Contact <b>SANDY CUZZO</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1,250</b>							
City (5) <b>NORTH ARLINGTON</b>		# of Floors <b>2</b>							
County (6) <b>BERGEN</b>		Bldg. Age <b>+50</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc.</b>							
Street Address		Street Address <b>185 Vreeland Ave</b>							
City, State, Zip Code		City, State, Zip Code <b>Midland Park, NJ</b>							
Project Manager for Monitoring Firm		Telephone No. <b>(201)262-5841</b>							
Telephone No.		License No. <b>00156</b>							
Start Date (10) <b>8/26/16</b>		Scheduled Completion Date (11) <b>9/15/16</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Omega Environmental Services</b>							
		Street Address <b>280 Huyler St.</b>							
		City, State, Zip Code <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<input checked="" type="checkbox"/>	<b>PIPE INSULATION</b>	<b>130 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>			
City, State <b>Newark, NJ</b>		Disposal Date <b>8/26/16</b>		City, State <b>Bethlehem, PA</b>					
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <i>J. Vocaturo</i>		Date <b>8/18/16</b>			

CIC# 25254

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

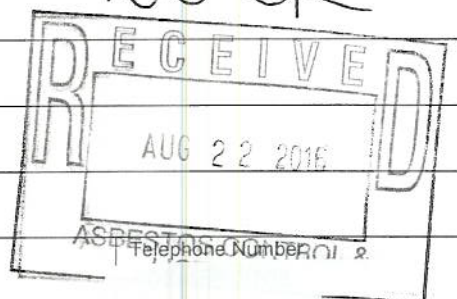


Date of Notification (1) <u>8/15/16</u>		Name of Building Owner/Operator (2) <u>Duym</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>	
City, State, Zip Code <u>Glen Ridge, NJ 07028</u>		Name of Contact <u>Tom Duym</u>	
		Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 150px; height: 15px;"></div>		Square Feet <u>2300</u>	
City (5) <u>Glen Ridge, NJ</u>		# of Floors <u>2</u>	Bldg. Age <u>80+/-</u>
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>9/9/16</u>	Scheduled Completion Date (11) <u>9/16/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1/2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/16/16</u>	Name of Registered Landfill <u>GROWS Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 
		Date <u>8/17/16</u>	



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

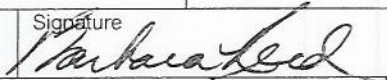
NO OK



Date of Notification (1) 8/19/16		Name of Building Owner/Operator (2) William Keyworth							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input 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 Lanoka Harbor, NJ 08734 Name of Contact William Keyworth							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William Keyworth		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) Lanoka Harbor		Square Feet 2100	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) UniPro, Inc.						
Street Address 190-194 E Kinney St, Apt 1B		Street Address 173 Karkus Ave							
City, State, Zip Code Newark, NJ 07105		City, State, Zip Code Woodbridge, NJ 07095							
Project Manager for Monitoring Firm Ricardo Eustaquio		Telephone No. 973-494-3762	Telephone No. 732-726-3111						
Start Date (10) 08/31/16		Scheduled Completion Date (11) 09/30/16	License No. 00615						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor UniPro, Inc.							
<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 173 Karkus Ave							
		City, State, Zip Code Woodbridge, NJ 07095							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		VAT	630 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date		City, State Pen Argyl, PA 18072					
Completed by Raymond Blum		Title OM	Signature			Date 8/19/16			

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

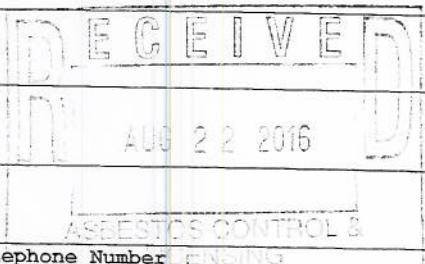
Date of Notification (1) August 15, 2016		Name of Building Owner/Operator (2) Somerset County Improvement Authority							
Agencies Notified	Type Notification	Street Address 20 Grove Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville, NJ							
		Name of Contact Bill Coyne							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Somerset county Board of Social Services Building		Type of Facility (4)							
Street Address 61-63 East High Street (73 East High 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) Somerville		Square Feet	# of Floors						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 464 Valley Brook Avenue #3A		Street Address 235 Watchung Avenue							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	License No. 01231						
Start Date (10) August 17, 2016	Scheduled Completion Date (11) October 14, 2016	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 W Cary Street							
<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 Richmond, VA 23220							
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
Entire Perimeter Wall		X		Wall Panels	40,000SF	X			
Room 312		X		Gray Floor Tile Mastic	200SF	X			
Throughout Building		X		Joint Compound	4,000SF	X			
Mechanical Rooms		X		Cloth Flex Duct	100LF	X			
Name of Registered Waste Hauler Future Sanitation Inc.		NJDEP Waste Hauler ID No. 22051		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State Passaic, NJ 07055		Disposal Date		City, State Tullytown, PA					
Completed by Barbara Reed		Title President		Signature 		Date August 15, 2016			



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

CHECK # 13010

Date of Notification (1) <b>8/16/2016</b>		Name of Building Owner/Operator (2) <b>Andrew Minira</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Glen Ridge, NJ, 07028</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Andrew Minira</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>				Type of Facility (4)	
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 (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet <b>2700</b>	# of Floors <b>3</b>	Bldg. Age <b>105</b>
Current Use (Prior if being demolished)					

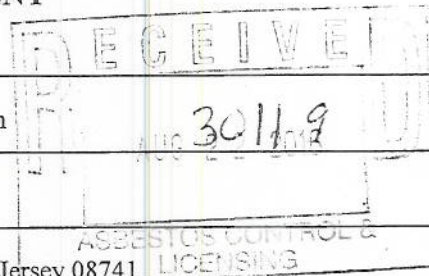
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>08-25-2016</b>	Sched. Completion Date (11) <b>08-29-2016</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure
				<input checked="" type="checkbox"/> Glovebag Procedure
				<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			<b>X</b>	Pipe Insulation	<b>140 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>08/30/2016</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/16/2016</b>		



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



Date of Notification (1) <b>August 16, 2016</b>		Name of Building Owner/Operator (2) <b>Chap Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>130 Route 9</b>	
		City, State, Zip Code <b>Pine Beach, New Jersey 08741</b>	
		Name of Contact <b>Chap Construction</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City <b>Lavallette</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>2000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>9/15/16</b>		Scheduled Completion Date (11) <b>9/16/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

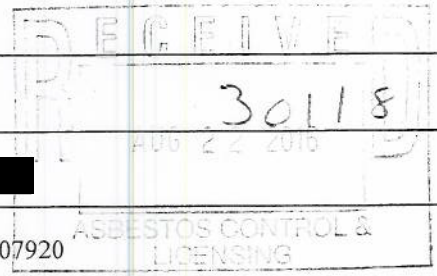
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2200 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>9/19/16</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Femicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>8/16/2016</b>

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



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



Date of Notification (1) <b>August 16, 2016</b>		Name of Building Owner/Operator (2) <b>Edward DaCosta</b>	
Agencies Notified	Type of Notification	Street Address <b>[REDACTED]</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Basking Ridge, NJ 07920</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <b>Edward DaCosta</b>	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number <b></b>	

**FACILITY INFORMATION**


Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>[REDACTED]</b>			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City <b>Lavallette</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>800 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>8/29/16</b>		Scheduled Completion Date (11) <b>8/30/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)  <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Interior wall-garage		X		Asbestos siding	200 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>8/31/16</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>8/16/2016</b>		

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



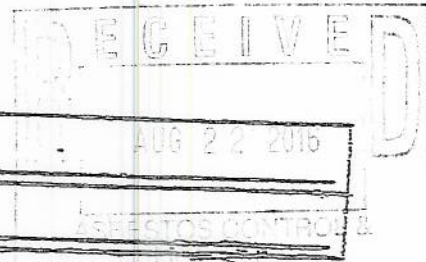
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/16/16		Name of Building Owner/Operator (2) Enzo Pavese Private Home							
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008  Name of Contact Enzo							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Enzo Pavese Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) Surf City NJ 08008		County Code (7) (STATE USE ONLY) _____							
County (6) Ocean		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/29/16	Scheduled Completion Date (11) 9/2/16	Name of OSHA Monitor Same							
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"/> ≥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 Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/2/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/16/16		



CK 4308

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:13)



Date of Notification (1) <b>8-16-16</b>		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including Inspection) <input type="checkbox"/> Consultation	
Street Address		City, State, Zip Code	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (13-17) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
Street Address		Square Feet <b>7500 SF</b>	
City (5) <b>Millville</b>		# of Floors <b>3</b>	
County (6) <b>Cumberland Co</b>		Year Bldg. Age <b>70</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>Resident</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASPM No.	
Street Address		Name of Abatement Contractor (9) <b>ANI JUE LLC</b>	
City, State, Zip Code		Street Address <b>1212 Burlington Ave</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>DUNELCO NJ 08025</b>	
Telephone No.		Telephone No. <b>856-527-0471</b>	
Start Date (10) <b>8-26-16</b>		License No. <b>01070</b>	
Scheduled Completion Date (11) <b>9-26-16</b>		Name of OSHA Worker <b>Self</b>	
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:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> As of or 26 ft <input checked="" type="checkbox"/> 24 ft or 26 ft <input type="checkbox"/> Reparatment <input type="checkbox"/> Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot-Work <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Enclosed and Non-Fabric Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED by Facility (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VET, or other materials)	
Is Location Normally Used Solely by Maintenance/ Contract Staff? (13)		Amount (Specify Sq. Ft.)	
Yes No N/A		Abatement Type Removal Partial Encapsulate Inductance	
<b>OUTSIDE</b>		<b>1 ACM - Siding</b>	
		<b>4000 SF</b>	
Name of Registered Waste Handler <b>ANI JUE LLC</b>		Name of Registered Landfill <b>10M of PA</b>	
NJSP Waste Handler ID No. <b>00055425</b>		Cubic Yards of Waste	
City, State <b>Dunelco NJ</b>		City, State <b>Tullytown PA</b>	
Disposal Date		Signature <b>JH</b>	
Completed By <b>JH</b>		Date <b>8-16-16</b>	



OK 4308

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:129)

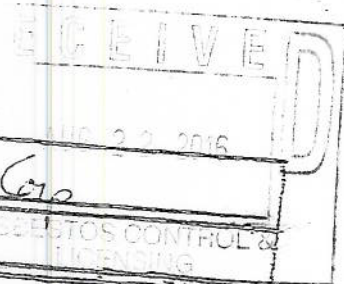
RECEIVED  
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Date of Notification (1) 8-16-16		Name of Building Owner/Operator (2) Delphi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Consultation	
Street Address PO Box 69		City, State, Zip Code Sewell NJ 08080	
Name of Contact Mike Gray		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Resident			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Senior Center & Other than K-12 <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
City (5) Millville		Square Foot 8000 SF # of Floors 3 Est. Age 10	
County (6) Camdenland Co		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASPM No.	
Street Address		Name of Abatement Contractor (9) AMI JUE LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08025	
Telephone No.		Telephone No. 856-570-9771	
Start Date (10) 8-26-16		Scheduled Completion Date (11) 8-26-16	
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:		Name of OSHA Worker Self	
Scope of Work (Check all that apply) <input type="checkbox"/> As of 2011 <input checked="" type="checkbox"/> As of 2015		License No. 01070	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated / and Non-Fabric Procedure		Street Address City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED at Facility (12) OUTSIDE	Is Location Normally Used Safely by Maintenance Outside Staff (13) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (quantity) (lb or ft <sup>3</sup> ) 4500 SF
			Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler AMI JUE LLC	Name of Waste Hauler's No. 00055625	Cubic Yards of Waste 184	Name of Registered Landfill WM of PA
City, State Delanco NJ	Disposal Fee 180	City, State Tullytown PA	Signature [Signature]
Inspected By JH11	TIC VP	Signature [Signature]	Date 8-16-16



CK 4039

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 26:27 and 26:28)



Date of Notification (1) 5-16-16

Agencies Notified (2)

Type of Notification (3)

Name of Building Owner/Operator (4) AMERICAN Dental Corp

Street Address 2 English Ln

City, State, Zip Code Englewood Cliffs NJ 07634

Name of Contact Bernard Sykes

Telephone Number

Name of Facility Where Abatement is Taking Place (5) Resident

Street Address [REDACTED]

City (6) CL

County (7) CLARENCE

County Code (8) (STATE USE ONLY)

Type of Facility (9)

Current Use (Prior to being demolished)

Name of Monitoring Firm Retained by Building Owner (10)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (11) 9-10-16

Scheduled Completion Date (12) 9-20-16

Company Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Name of Asbestos Consultant (13)

Street Address

City, State, Zip Code

Telephone No. 856-527-0971

License No. D1070

Name of OSHA Worker Self

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

200 sq ft or less

2001 sq ft or 2200 ft

Regulation

Full Containment with Negative Pressure

Full Enclosure

Clothing Procedure

Non-Stripped and Non-Finish Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED at Facility (14)	Is Location Normally Used Exclusively by Maintenance Staff? (15)			Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other substrings)	Amount (quantity) (16)	Abatement Type		
	Yes	No	N/A			Removal	Repair/Encapsulate	Enclosure
<u>OUTSIDE</u>				<u>1 ACMI Siding</u>	<u>3200 SF</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler

ANJ LLC

Address Delanco NJ

City, State, Zip Code Delanco NJ

Waste Handler's No. 00055425

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

City, State

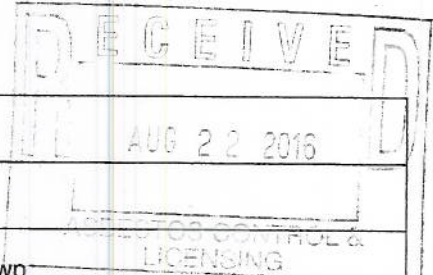
Signature [Signature]

Date

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



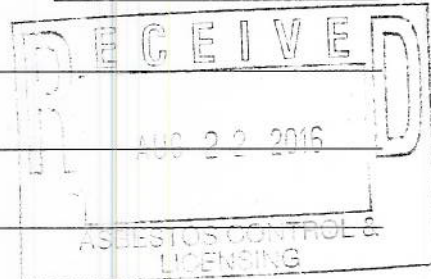
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/16/16		Name of Building Owner/Operator (2) Helene & David Coyle 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 Loveladies NJ 08008 / Long Beach Twp							
		Name of Contact David	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Helene & David Coyle Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) Loveladies NJ 08008 / Long Beach Twp		Current Use (Prior if being demolished) Home							
County (6) Ocean	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/29/16	Scheduled Completion Date (11) 9/2/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/2/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 8/16/16			



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



Date of Notification (1) <b>8/15/2016</b>		Name of Building Owner/Operator (2) <b>Arlyce Anderson</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Arlyce Anderson</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>1800</b>		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>
			Bldg. Age <b>82</b>		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	
Sched. Completion Date (11) <b>8/29/16</b>		License Number <b>00371</b>		
Sched. Start Date (10) <b>8/26/16</b>		Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Attic			X	Pipe insulation	7 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/30/16</b>		City, State <b>Waynesburg, Ohio 44688</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature 		Date <b>8/15/2016</b>



CK# 2979

\*Emergency\*

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

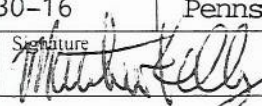


Date of Notification (1) 8/9/16		Name of Building Owner/Operator (2) Mary Fuchs						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Leonardo, New Jersey 07737						
Name of Contact Mary		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Fuchs Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1900						
City (5) Leonardo		# of Floors 2						
County (6) Monmouth		Bldg. Age 80+						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Ace Insulation Co Inc						
City, State, Zip Code		Street Address 95 Montrose Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey 07722						
Telephone No.		Telephone No. 732 294 1757						
Start Date (10) 8/11/16		License No. 00029						
Scheduled Completion Date (11) 8/16/16		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address						
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
port (exposed)			X	Siding	150sf	X		
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 1	Name of Registered Landfill GROWS			
City, State Colts Neck, New Jersey		Disposal Date 8/16/16		City, State Tullytown, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 8/9/16		



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

Check # 13121

Date of Notification (1) <b>8-18-16</b>		Name of Building Owner/Operator (2) <b>Carmax</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>12800 Tuckahoe Creek Parkway</b>						
		City, State, Zip Code <b>Richmond, VA 23238</b>						
		Name of Contact <b>Guy Kingree</b>						
Telephone Number <b>804.222.2016</b>								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Carmax</b>		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 <b>531 NJ Rte. 38 West</b>								
City (5) <b>Maple Shade</b>		Square Feet	# of Floors					
County (6) <b>Burlington</b>		Bldg. Age						
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>					
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>						
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>						
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	License No. <b>00398</b>					
Start Date (10) <b>9-6-16</b>	Scheduled Completion Date (11) <b>9-30-16</b>	Name of OSHA Monitor <b>EHS Environmental, Inc.</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>411 Southgate Court, Suite E</b>						
		City, State, Zip Code <b>Mickleton, NJ 08056</b>						
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
outside		x	8" transite pipe	150 LF	x			
outside		x	4" transite pipe	150 LF	x			
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Pennsauken Landfill</b>				
City, State <b>Voorhees, NJ</b>		Disposal Date <b>9-30-16</b>		City, State <b>Pennsauken, NJ</b>				
Completed by <b>Matthew Kelly</b>		Title <b>Secretary</b>	Signature 	Date <b>8-18-16</b>				

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

CK 1967

Date of Notification (1) 8-15-2016		Name of Building Owner/Operator (2) Hannah Shen		AUG 22 2016					
Agencies Notified		Type Notification		Street Address					
<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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [REDACTED] City, State, Zip Code Jersey City, NJ 07302					
		Name of Contact Hannah Shen		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City, NJ				Square Feet 1632	# of Floors 4				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 138+				
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.		Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 8-15-2016		Scheduled Completion Date (11) 8-15-2016		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"/> ≥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
4th floor- South side		X		VAT	250 SF	X			
Entrance		X		Linoleum	72 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 8-15-2016		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 8-15-2016			



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

Check # 9741

Date of Notification (1) <b>8-19-16</b>		Name of Building Owner/Operator (2) <b>Township of Pemberton 2016</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Pemberton - Browns Mills Rd</b>						
		City, State, Zip Code <b>Pemberton NJ 08068</b>						
		Name of Contact <b>Phil Sager</b> Telephone Number <b>---</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Presidential Lakes Firehouse (Vacant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>703 New York Ave</b>		Square Feet	# of Floors <b>1</b>					
City (5) <b>Presidential Lakes Estate</b>		Bldg. Age <b>40+</b>						
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Fire House</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>8-29-16</b>		Scheduled Completion Date (11) <b>Sept 30, 2016</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Interior		X	12"x12 Floor Tiles	500 SF	X			
Interior		X	12"x12 Floor Tiles/Plastic	2100 SF	X			
Exterior Roof	X		Silver Paint Sealant	7500 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>24</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Morrisville PA</b>				
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>8-19-16</b>			



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

Date of Notification (1) <b>8/17/2016</b>		Name of Building Owner/Operator (2) <b>Harlan Frey</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>South Orange, NJ, 07079</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Harlan Frey</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

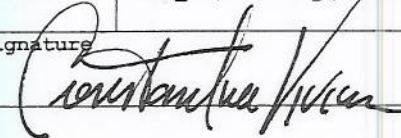
Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)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

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

Scheduled Start Date (10) <b>08-17-2016</b>		Sched. Completion Date (11) <b>08-18-2016</b>		Name of OSHA Monitor <b>N/A</b>	
Month	Day	Year	Month	Day	Year
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>					
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Second Floor Closet</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>7 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/19/2016</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature 		Date <b>8/17/2016</b>



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

*Check # 13117*

Date of Notification (1) <b>8-17-16</b>		Name of Building Owner/Operator (2) <b>Penns Grove Carneys Point Regional School District</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type 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 <b>100 Iona Avenue</b> City, State, Zip Code <b>Penns Grove, NJ 08069</b>	ASBESTOS CONTROL LICENSE						
		Name of Contact <b>Brian Ferguson</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Penns Grove Middle School</b>		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 <b>351 East Maple Avenue</b>		Square Feet <b>50,000+/-</b>	# of Floors <b>3</b>						
City (5) <b>Penns Grove</b>		Bldg. Age <b>35+</b>							
County (6) <b>Salem</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>school</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental Group</b>		ASCM No. <b>00073</b>	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>P.O. Box 316</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Steve Flanagan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00398</b>						
Start Date (10) <b>8-18-16</b>	Scheduled Completion Date (11) <b>8-19-16</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>923 Haws Avenue</b> City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 of building		X		door caulking	238 LF	X			
Name of Registered Waste Hauler <b>Watse Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Salem County Landfill</b>					
City, State <b>Chester, PA</b>			Disposal Date <b>8-19-16</b>	City, State <b>Alloway, NJ 08001</b>					
Completed by <b>James M. Kelly</b>		Title <b>Vice-President</b>	Signature <i>[Signature]</i>	Date <b>8-17-16</b>					



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

**RECEIVED**  
#13120  
AUG 22 2016

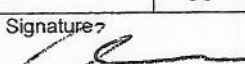
Date of Notification (1) <b>8-18-16</b>		Name of Building Owner/Operator (2) <b>Rider University</b>							
Agencies Notified	Type Notification	Street Address <b>2083 Lawrenceville Road</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Lawrenceville, NJ 08648</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rider University</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>2083 Lawrenceville Road</b>									
City (5) <b>Lawrenceville</b>		Square Feet <b>50,000</b>	# of Floors <b>2</b>						
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>50 years</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>515 Grove Street</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Craig Wilson</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>610-239-9920</b>						
Start Date (10) <b>8-22-16</b>		Scheduled Completion Date (11) <b>9-2-16</b>	License No. <b>00398</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Name of OSHA Monitor <b>EHS Environmental, Inc.</b>							
		Street Address <b>411 Southgate Court, Suite E</b>							
		City, State, Zip Code <b>Mickleton, NJ 08056</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 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
locker rooms		x		pipe insulation	600 LF	x			
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Tullytown Landfill</b>					
City, State <b>Voorhees, NJ</b>		Disposal Date <b>9-2-16</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>James Kelly</b>		Title <b>President</b>	Signature <i>James Kelly</i>	Date <b>8-18-16</b>					



Emergency

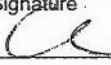
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CK 5638

Date of Notification (1) 8/18/16		Name of Building Owner/Operator (2) Gateway Community Action Partnership							
Agencies Notified	Type Notification	Street Address 110 Cohansey Street							
<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 Bridgeton NJ 08302							
		Name of Contact Robert Magyar	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Atlantic Cape Community College Learning Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 5406 Black Horse Pike		Square Feet 1000+	# of Floors 1						
City (5) Mays Landing NJ 08330		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.	ASCM No. 003	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 1253 N Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jeff Seaman	Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/24/16	Scheduled Completion Date (11) 8/30/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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) 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
Boys Room		x		Popcorn Ceiling	114 SF	x			
Girls Room		x		Popcorn Ceiling	144 SF	x			
Custodial Closet	x			floor tile & mastic	30 SF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 5	Name of Registered Landfill ACUA					
City, State West Berlin NJ		Disposal Date 8/30/16		City, State Egg Harbor TWP NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 8/18/16			



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

Date of Notification (1) 8/18/16		Name of Building Owner/Operator (2) Brian Fiedler Private Home							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Loveladies NJ 08008							
		Name of Contact Brian	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Brian Fiedler Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) Loveladies NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/31/16	Scheduled Completion Date (11) 9/6/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	500 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/6/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/18/16		