

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

*CK 2914*

Date of Notification (1) 8/11/2016		Check # <u>2914</u>		Name of Building Owner/Operator (2) St Leo School					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amended	300 Market Street					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Amendment # _____		City, State, Zip Code					
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	<input type="checkbox"/> Emergency (including justification)		Elmwood Park, NJ 07407					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Cancellation		Name of Contact	Telephone Number				
				Glen					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Leo School			Type of Facility (4)						
Street Address 300 Market Street			<input checked="" type="checkbox"/> School (K-12)						
City (5) Elmwood Park, NJ 07407			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
County (6) BERGEN			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County Code (7) (STATE USE ONLY) _____		Square Feet 20,000		# of Floors 2	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Current Use (Prior if being demolished) School				
Street Address			Name of Abatement Contractor (9) EA Services Corporation						
City, State, Zip Code			Street Address 426 69th Street						
Project Manager for Monitoring Firm			Telephone No. 201-295-1700		License No. 01074				
Start Date (10) 8/27/16		Scheduled Completion Date (11) 8/29/2016		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			City, State, Zip Code						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: <u>Starting at 9:00 AM</u>									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input 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 Boiler Room	x			Insulation	5 SF		x		
Room #202		x		Seal Open Ends; re-wrap elbows	4 LF		x		
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Ladfill				
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA					
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>		Date 8/11/2016			

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

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

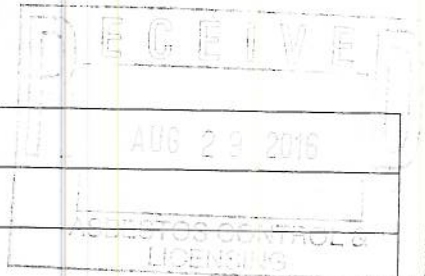
**NOCK**

**RECEIVED**  
AUG 29 2016  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>O&amp;R Woodbridge Office, LLC/NJTA</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 checked="" type="checkbox"/> Amended #1-8/22/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>One Riverfront Plaza</b>						
			City, State & Zip Code <b>Newark, NJ 07102</b>						
		Name of Contact <b>Rosana Caputo</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Future NJ Turnpike Headquarters</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>One Hess Plaza</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>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b>						
License Number <b>00509</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Scheduled Start Date (10) <b>8/9/16</b>	Scheduled Completion Date (11) <b>9/7/16</b>	Street Address <b>1123 Beaver Street</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 Hours - Describe: <b>7 AM - 3:00 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ 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"/> Glove Bag Procedures <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 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>1<sup>st</sup> Floor Hallway</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>1,700 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> Floor Data Center</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>4,900 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13<sup>th</sup> Floor Mech Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pin Mastic</b>	<b>2,250 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor Building Services Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mastic</b>	<b>450 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor Telephone Equipment Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>720 SF</b>	<input checked="" 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>55 Cu YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>9/7/2016</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>			Date <b>8/22/16</b>			

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

NO CK



Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>O&amp;R Woodbridge Office, LLC/NJTA</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-8/22/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One Riverfront Plaza</b>	
		City, State & Zip Code <b>Newark, NJ 07102</b>	
		Name of Contact <b>Rosana Caputo</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Future NJ Turnpike Headquarters</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>One Hess Plaza</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>8/29/16</b>	Scheduled Completion Date (11) <b>9/23/16</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 type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

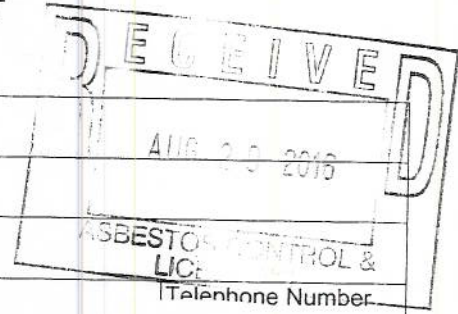
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1st Floor Boiler Rm, Mech Hall and Hall</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Boiler Breaching</b>	<b>675 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1" Fitting</b>	<b>16 EA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2" Fitting</b>	<b>16 EA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>6" Fitting</b>	<b>2 EA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12" Fitting</b>	<b>5 EA</b>	<input checked="" 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>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>9/23/2016</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>8/22/16</b>

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



Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>O&amp;R Woodbridge Office, LLC/NJTA</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-8/22/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>One Riverfront Plaza</b>
			City, State & Zip Code <b>Newark, NJ 07102</b>
			Name of Contact <b>Rosana Caputo</b>
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Future NJ Turnpike Headquarters</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>One Hess Plaza</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>9/9/16</b>	Scheduled Completion Date (11) <b>9/11/16</b>	Name of OSHA Monitor <b>Bristol 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 Hours - Describe: <b>5 PM (9/9/16) to 11:59 PM (9/11/16)</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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Loading Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" - 2" Fitting	20 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10" saddle solid block support insula.	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 <sup>th</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3" - 6" Fitting	9 EA	<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>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>9/12/2016</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni /jl</i>		Date <b>8/22/16</b>

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

*check*  
**1943**  
**RECEIVED**  
AUG 23 2016

Date of Notification (1) <b>8/14/2016</b>		Name of Building Owner / Operator (2) <b>Presbyterian Church of USA</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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>26 Meadowbrooke Ave</b>	
		City, State & Zip Code <b>Lawrenceville NJ</b>	
		Name of Contact <b>Sandy Phillips</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence Adjacent Church</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.)		
[REDACTED]			Square Feet <b>2000</b>	# of Floors <b>1</b>	Bldg. Age <b>60+</b>
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
Street Address		Street Address <b>PO Box 8297</b>			
City, State & Zip Code		City, State & Zip Code <b>Trenton NJ</b>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>	

Scheduled Start Date (10) <b>8/23/2016</b>	Scheduled Completion Date (11) <b>8/24/2016</b>	Name of OSHA Monitor <b>EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>			
		City, State & Zip Code <b>Westmont, NJ 08108</b>			

Scope of Work (Check all that apply)

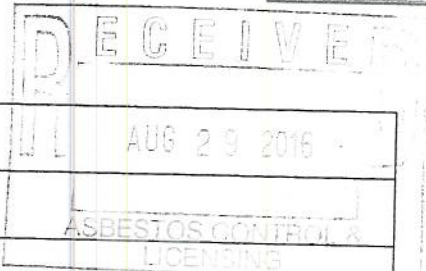
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>170lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>		Date <b>8/14/2016</b>

CK 5655

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



Date of Notification (1) 8/24/16		Name of Building Owner/Operator (2) Frank Nolan 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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glendora NJ 08029								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Frank	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Frank Nolan Private Home		Type of Facility (4)								
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Glendora NJ 08029		Square Feet 1000+	# of Floors 2							
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 9/6/16	Scheduled Completion Date (11) 9/12/16	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	2000 SF	X				
Name of Registered Waste Hauler United Roll Of		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 9/12/16		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 8/24/16			

CK 5935

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



Date of Notification (1) 08/23/2016		Name of Building Owner/Operator (2) Broad Atlantic Associates, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Broad Street							
			City, State, Zip Code Newark, NJ 07102							
		Name of Contact Elliot Heizch	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 520 Broad Street		Square Feet 100,000	# of Floors 18							
City (5) Newark		Bldg. Age 1956								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office								
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solutions		ASCM No. _____	Name of Abatement Contractor (9) Incinia Contracting, Inc.							
Street Address PO Box 1224		Street Address 1360 Clifton Avenue, Unit 365								
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012								
Project Manager for Monitoring Firm Rick Esquillo		Telephone No. (973) 494-3762	Telephone No. (973) 450-9500							
		License No. 001036								
Start Date (10) 09/03/2016	Scheduled Completion Date (11) 09/03/2016	Name of OSHA Monitor Incinia Contracting, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Saturday, 7AM to 5PM.</u>		Street Address 1360 Clifton Avenue, Unit 365								
		City, State, Zip Code Clifton, NJ 07012								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X	X	Pipe Insulation	423 LF	X				
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.						
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA						
Completed by Milena Zoric		Title Executive Director	Signature 			Date 08/23/2016				

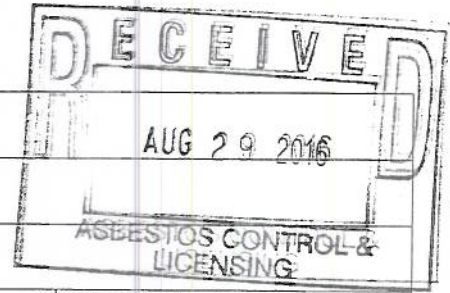
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

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 Check 15515  
 AUG 29 2016

Date of Notification (1) 8/24/16		Name of Building Owner/Operator (2) Pope John XXIII Regional High School								
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 28 Andover Road							
	City, State, Zip Code Sparta, NJ 07871		Telephone Number							
Name of Contact Jim Reffi										
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) High School - Main Entrance		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 28 Andover Road		Square Feet 5000	# of Floors 2							
City (5) Sparta		Bldg. Age 80								
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703							
Start Date (10) 8/26/16	Scheduled Completion Date (11) 9/26/16	Name of OSHA Monitor								
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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	
main entrance lobby			x	ceiling plaster	15 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill						
City, State Freehold NJ			Disposal Date TBD	City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 				Date 8/24/16			



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



Date of Notification (1) 8/15/16		Name of Building Owner/Operator (2) The Kings Daughter Day School	
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 502 West Front Street
			City, State, Zip Code Plainfield, NJ
			Name of Contact Natalie Darco
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The Kings Daughter Day School		Type of Facility (4)	
Street Address 502 West Front 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) Plainfield	Square Feet	# of Floors	Bldg. Age
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	Name of Abatement Contractor (9) Uni Pro Inc.	
Street Address 1600 Route 22 East		Street Address 173 Karkus Avenue		
City, State, Zip Code Union, NJ		City, State, Zip Code Woodbridge, NJ 07095		
Project Manager for Monitoring Firm Craig Abrahms		Telephone No. 908-477-3014	Telephone No. 732-726-3111	License No. 00615

Start Date (10) 9/2/16	Scheduled Completion Date (11) 9/5/16	Name of OSHA Monitor Uni Pro Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 173 Karkus Avenue		
<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 Woodbridge, NJ 07095		

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

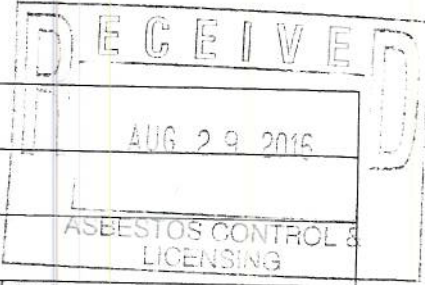
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway outside RM 8		x		TSI	3 SF	x			
Hallway outside RM 8		x		Debris on ceiling tiles	96 SF	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	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 8/15/16

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

NO CK

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



Date of Notification (1) 8-24-16		Name of Building Owner/Operator (2) SRI International								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Washington Road City, State, Zip Code Princeton, NJ 08540 Name of Contact Ed Compta							
	<b>FACILITY INFORMATION</b>									
	Name of Facility Where Abatement is Taking Place (3) SRI International Street Address 201 Washington Road City (5) Princeton County (6) Mercer		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.) Square Feet 100,000 # of Floors 3 Bldg. Age 50 yrs. County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) industrial							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. Street Address 411 Southgate Court City, State, Zip Code Mickleton, NJ 08056 Project Manager for Monitoring Firm Jack Carney Telephone No. 856-224-0080		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Telephone No. 610-239-9920 License No. 00398								
Start Date (10) 8-17-16 Scheduled Completion Date (11) 9-2-16		Name of OSHA Monitor EHS Environmental, Inc. Street Address 411 Southgate Court City, State, Zip Code Mickleton, NJ 08056								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 7:00AM-3:30PM <input type="checkbox"/> Other - Describe:										
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Central Penthouse	X			pipe insulation	16 LF	X				
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 1	Name of Registered Landfill GROWS						
City, State Central, NJ			Disposal Date 9-2-16	City, State Morrisville, PA						
Completed by James M. Kelly		Title Vice-President	Signature 				Date 8-24-16			

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

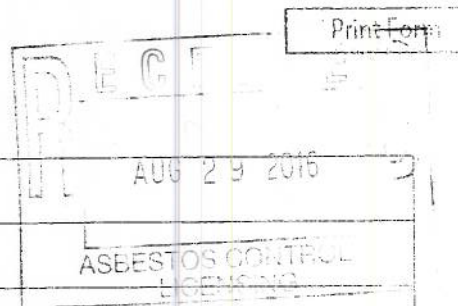
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

**RECEIVED**  
3711  
AUG 23 2016

Date of Notification (1) <b>8/23/16</b>		Name of Building Owner/Operator (2) <b>ESTATE OF GRACE KNAPP 2016</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] <b>ASBESTOS CONTROL &amp; LICENSING</b>				
		City, State, Zip Code <b>BOGOTA, NJ, 07603</b>				
		Name of Contact <b>M.R.C. MARTINI</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>ESTATE OF GRACE KNAPP</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>1650</b>	# of Floors <b>2</b>			
City (5) <b>BOGOTA</b>		Bldg. Age <b>1933</b>				
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>9/2/16</b>	Scheduled Completion Date (11) <b>9/3/16</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</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		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
		<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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<b>BASEMENT</b>		<b>VAT</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>55 LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		N.J. DEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3e7</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>9/6/16</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature 	Date <b>8/23/16</b>			

CK4851

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



Date of Notification (1) 08/23/16		Name of Building Owner/Operator (2) JACK OSHER	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000	# of Floors 2
City (5) EDISON		Bldg. Age	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 08/25/16	Scheduled Completion Date (11) 08/26/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 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				VAT	50 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 08/26/16	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

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

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AUG 30 2016

Date of Notification (1) August 22, 2016		Name of Building Owner/Operator (2) NCN Properties	
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 2033 Westfield Avenue	
		City, State, Zip Code Scotch Plains, NJ 07076	
		Name of Contact Nick Novella	Telephone Number ----

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 2500 sf		
City Westfield			County (6) Union	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, New Jersey 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 9/1/16		Scheduled Completion Date (11) 9/7/16		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Glovebag Procedure					
<input 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Basement		X		Asbestos pipe insulation	225 lf	X					
Basement		X		fittings	25	X					
Basement & kitchen/dining		X		Asbestos floor tile	497	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.						NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 5		Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey				Disposal Date 9/8/16		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola			Title Project Manager		Signature 				Date 8/22/2016		

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

CK 30154

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

RECEIVED  
 AUG 29 2016  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) August 23, 2016		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2156 Camplain Road
			City, State, Zip Code Hillsborough, NJ 08844
			Name of Contact Antonio Dimuzio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 2000 sf		
City South Orange		County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting Inc.			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 8/24/16		Scheduled Completion Date (11) 8/25/16		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<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		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

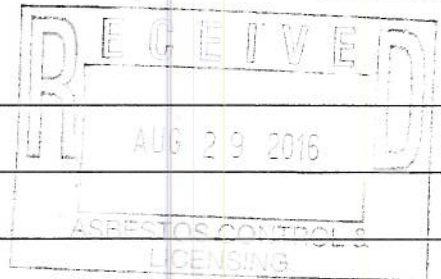
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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	E N C L O S U R E
Crawlspace		X		Asbestos pipe insulation	80 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 8/26/16		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 8/23/2016

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

CK 5452

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



Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) Jennifer Kramer Private Home	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Easthampton NJ 08060	
		Name of Contact Jen	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Jennifer Kramer 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 2	Bldg. Age 35+
City (5) Easthampton NJ 08060		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
County (6) Burlington		Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address			Street Address PO Box 329		
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/5/16		Scheduled Completion Date (11) 9/9/16		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)

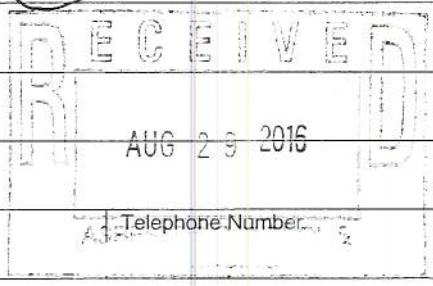
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) 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	2500 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 9/9/16		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 8.23.16

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

**CK 3155**



Date of Notification (1) 08/22/2016		Name of Building Owner/Operator (2) Sussex County Technical School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 North Church Road	
		City, State, Zip Code Sparta, NJ	
		Name of Contact Rob Gash	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Greenhouse - Sussex County Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 105 North Church Road		Square Feet	# of Floors
City (5) Sparta		Bldg. Age	
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates	ASCM No.	Name of Abatement Contractor (9) Be Construcion Corporation	
Street Address 20 Launch Road		Street Address 235 Watcung Avenue	
City, State, Zip Code Mohnton PA 19540		City, State, Zip Code West Orange, NJ 07052	
Project Manager for Monitoring Firm Michael Krischer	Telephone No. 610-856-7700	Telephone No. 973-669-2900	License No. 01231

Start Date (10) 08/29/2016	Scheduled Completion Date (11) 09/13/2016	Name of OSHA Monitor Schneider Laboratories Global Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Greenhouse vacated during abatement</u>		Street Address 2512 W Cary Street	
		City, State, Zip Code Richmond VA 23220	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Greenhouse <u>TO BE ABATED</u>		X		Caulking	3,400LF	X			

Name of Registered Waste Hauler Be Construction Corporation	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility
City, State West Orange NJ	Disposal Date	City, State Tullytown PA	
Completed by Barbara Reed	Title President	Signature <i>Barbara Reed</i>	Date 08/22/2016



29052

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

<b>Date of Notification (1)</b> 8 / 25 /16		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Type Notification</b>		<b>Name of Contact</b> Sandra M. Schenk	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Telephone Number</b>	

**FACILITY INFORMATION**

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

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

<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 9 / 6 /16		<b>Sched. Completion Date (11)</b> 3 / 30 /17		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	

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

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

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND -4TH FLOORS -THROUGHOUT			X	VAT & MASTIC	13,000 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 9/6-3/30/16		<b>City, State</b> MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b>		<b>Date</b>

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

NO CK

Date of Notification (1) 8 / 25 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact Sandra M. Schenk	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1	Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4)	
		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	

Street Address 126 EAST LINCOLN AVENUE - BUILDING 89 CHILLER BUILDING		Square Feet 6,500	# of Floors 1	Bldg. Age 49
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT

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

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 8 / 15 /16		Sched. Completion Date (11) 8 / 25 /16		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
Month	Day	Year	Month	Day

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

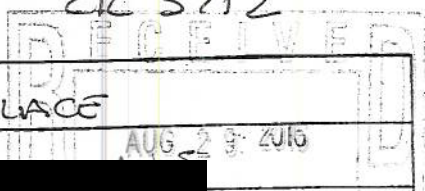
Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl.	<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/>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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND -NW CORNER/SE CORNER			X	PIPE INSULATION	50 LF	X			
EXTERIOR-PIPE RACK			X	PIPE INSULATION	200 LF				

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 8/15-10/30/2016		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 8/25/16	

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

CL 3712



Date of Notification (1) <b>8/25/16</b>		Name of Building Owner/Operator (2) <b>MS. LINDA WALLACE</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
		City, State, Zip Code <b>MORRISTOWN, NJ 07960</b>					
		Name of Contact <b>MICHAEL WALLACE</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MS. LINDA WALLACE</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>2300</b>	# of Floors <b>2</b>				
City (5) <b>MORRISTOWN</b>		Bldg. Age <b>1940</b>					
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) <b>9/6/16</b>		Scheduled Completion Date (11) <b>9/8/16</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00AM TO 5:00PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>					
		<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					
		<input checked="" type="checkbox"/> Renovation <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			
				Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>	Yes No N/A	<b>VAT</b>	<b>750 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3 1/2 yd</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>9/8/16</b>	City, State <b>Waynesburg, Oh, 44688</b>				
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>8/25/16</b>				

CK# 7408

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

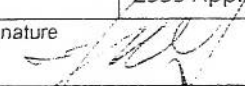
RECEIVED  
 AUG 29 2016  
 ASBESTOS CONTROL

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) PSEG		Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068		Name of Contact KEITH SOPER		Telephone Number			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) PSEG		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.)		Square Feet N/A		# of Floors N/A		Bldg. Age N/A	
Street Address 195 W. 63RD STREET		City (5) BAYONNE		County (6) HUDSON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Street Address 64 BROAD STREET		City, State, Zip Code MATAWAN, NJ 07747		Telephone No. 732-432-8350		License No. 01111			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Start Date (10) 9/7/16		Scheduled Completion Date (11) 9/9/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>outdoors</u>		City, State, Zip Code SOUTH RIVER, NJ 08882		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) OUTSIDE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE PIPE		Amount (Specify SF or LF) 35 LF		Abatement Type Removal Repair Encapsulate Enclosure X					
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 3		Name of Registered Landfill GROWS NORTH		City, State MORRISVILLE, PA		Disposal Date TBD			
City, State ELIZABETH, NJ		Title OFFICE MGR		Signature Carol Raimo		Date 8/25/16							
Completed by CAROL RAIMO													

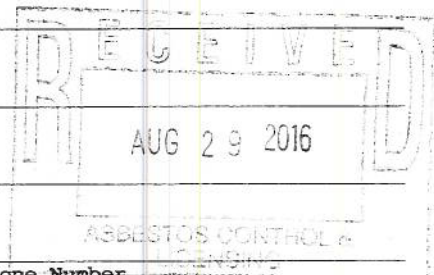
\* Do not use this form for asbestos licensure exempted activities.

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

CK# 0132

Date of Notification (1) 8/23/2016		Name of Building Owner/Operator (2) M&M							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Piscataway NJ						
			Name of Contact Dan Chelchowski						
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 1800SF	# of Floors 2						
City (5) Piscataway NJ		Bldg. Age +50							
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette street							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877						
		License No. 01240							
Start Date (10) 9/1/2016		Scheduled Completion Date (11) 9/5/2016							
Name of OSHA Monitor J&S Environmental Corp									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Roof Flashing chimney	15LF	x			
Exterior			x	window caulk	100LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by carlos Gomes		Title President	Signature 			Date 8/23/2016			

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



Date of Notification (1) <b>8/24/2016</b>		Name of Building Owner/Operator (2) <b>Clare Speakman</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Irvington, NJ, 07111</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Clare Speakman</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 <b>128 Montgomery Ave Irvington NJ 07111</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5)	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>9/2/16</b>	Sched. Completion Date (11) <b>9/6/16</b>	Name of OSHA Monitor <b>N/A</b>		
Month    Day    Year	Month    Day    Year	Street Address		
Occupancy Status During Abatement (Check only one)		City, State, Zip Code		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>				

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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 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
Basement			<input checked="" type="checkbox"/>	Pipe insulation	75	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>9/7/16</b>		City, State <b>Waynesburg, Ohio 44688</b>	

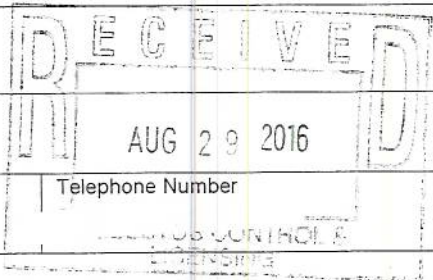
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/24/2016</b>
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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK 8288

Check #

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) Morris County	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address 10 Court Street	
		City, State, Zip Code Morristown, NJ 07963-0900	
		Name of Contact Chris Walker	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morris County Courthouse			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 32 Washington St. AKA 12 COURT ST.			Square Feet 120000	# of Floors 4	Bldg. Age ~ 90
City (5) Morristown	County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Courthouse, offices		
Name of Monitoring Firm Hired by Building Owner T & M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 11 Tindall Road		Street Address 323 Changebridge Road, Suite 100			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Kevin Burns		Telephone Number 732-671-6400	Telephone Number 973-575-8700	License Number 00852	
Scheduled Start Date (10) 9/7/16	Sched. Completion Date (11) 9/30/16		Name of OSHA Monitor IRIS Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: holidays and evenings <input type="checkbox"/> Other - Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- Demolition
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

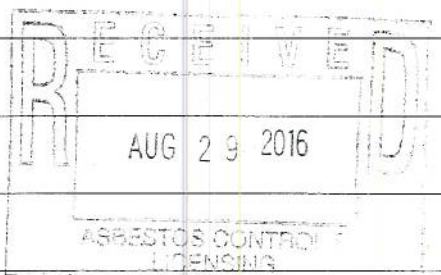
Renovation

- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- 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	R	E	E
NE Basement storage		x		TSI	200 LF	x			
Basement storage		x		Ceiling plaster and VAT	4000 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 30	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 9/29/16	City, State Taylor, PA		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/23/16

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



Date of Notification (1)  
**8/25/2016**

Name of Building Owner/Operator (2)  
**Matt Willoughby**

Agencies Notified  
 JEPA  
 JDEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial Notification  
 Amended Notification  
 EMERGENCY  
 Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
**Glen Ridge, NJ, 07028**

Name of Contact  
**Matt Willoughby**

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
**Matt Willoughby**

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

Street Address  
[REDACTED]

Square Feet  
**1750**

# of Floors  
**2**

Bldg. Age  
**75**

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 Building Owner (8)  
**N/A**

ASCM No.

Name of Abatement Contractor (9)  
**AZTECH MANAGEMENT, Inc.**

Street Address  
**86 Christopher St.**

City, State, Zip Code  
**Montclair, NJ 07042**

Project Manager for Monitoring Firm  
**N/A**

Telephone Number  
**(973) 744-8800**

License Number  
**00371**

Scheduled Start Date (10)  
**9/3/16**

Sched. Completion Date (11)  
**9/4/16**

Month Day Year

Name of OSHA Monitor  
**N/A**

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»  
 Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

>3 sf or >3 lf  
 >160 sf or >260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) 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	R	E	E	N	N			
Basement			X	Pipe insulation	90 lf	X								

Name of Registered Waste Hauler  
**AZTECH MANAGEMENT, INC.**

NJDEP Waste Hauler ID No.  
**17040**

Cubic Yards of Waste  
**1.0**

Name of Registered Landfill  
**Minerva Enterprise INC**

City, State  
**Montclair, NJ 07042**

Disposal Date  
**9/6/16**

City, State  
**Waynesburg, Ohio 44688**

Completed By (Print or Type)  
**Constantine Vivian**

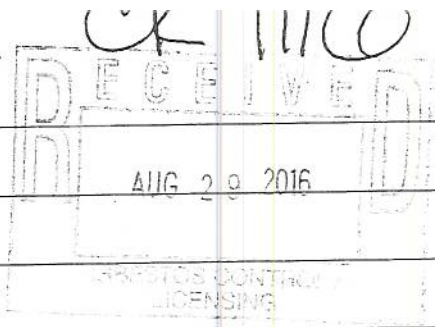
Title  
**President**

Signature

Date  
**8/25/2016**



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

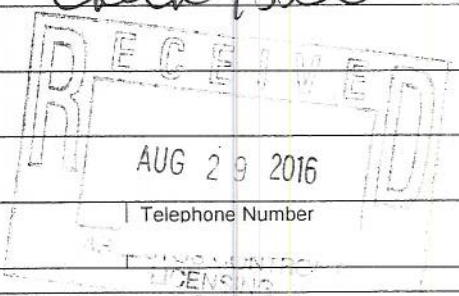


Date of Notification (1) 8-23-2016		Name of Building Owner/Operator (2) Glen O'Connell								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Totowa NJ 07512								
		Name of Contact Glen O'Connell	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet N/A	# of Floors 2 FLOORS							
City (5) Totowa NJ 07512		Bldg. Age N/A								
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling								
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC							
Street Address 1130 W Chestnut St		Street Address P.O BOX 734								
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298							
		License No. 01266								
Start Date (10) 09-02-2016	Scheduled Completion Date (11) 09-09-2016	Name of OSHA Monitor Amax Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Dr								
		City, State, Zip Code Woodland Park NJ 07424								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior			X	Exterior Siding	2500 SF	X				
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 36184	Cubic Yards of Waste 15 cy	Name of Registered Landfill GROWS						
City, State Woodland Park NJ 07424		Disposal Date 09-18-2016		City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager		Signature 				Date 08-23-2016		

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

*Check 15500*

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) Ron Banta	
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	
		City, State, Zip Code	
		Name of Contact Ron Banta	
		Telephone Number	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Hamburg	Square Feet 2100	# of Floors 2	Bldg. Age 76
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703

Start Date (10) 9/3/16	Scheduled Completion Date (11) 10/31/16	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement/crawl space</u>		City, State, Zip Code		

Scope of Work (Check All That Apply)

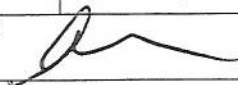
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

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

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD	City, State Birdsboro, PA		
Completed by A. Scott Higgins		Title President	Signature 		Date 8/25/16

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

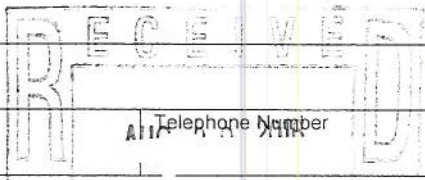
*Check 15518*

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) Kulick Design & Development							
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 18 Muller Road		City, State, Zip Code Oakland, NJ 07436				
			Name of Contact Brian Heytink		Telephone Number /				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 2200	# of Floors 2	Bldg. Age 70				
City (5) Englewood		County (6) Bergen		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 9/5/16		Scheduled Completion Date (11) 10/31/16		Name of OSHA Monitor					
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
basement & crawl space			x	pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD	City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 8/25/16				

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

*Check 15521*

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) Mike Cullinane	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Nutley, NJ 07110		Name of Contact Mike Cullinane
	Telephone Number		



Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2100	# of Floors 2	Bldg. Age 68
City (5) Nutley		County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished)		Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____			

Name of Abatement Contractor (9) ABS Environmental Services, LLC		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code Glenwood, NJ 07418		Telephone No. 973-764-2276	
License No. 703		Project Manager for Monitoring Firm Telephone No. _____	

Start Date (10) 9/7/16	Scheduled Completion Date (11) 10/31/16	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: <u>basement</u>		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	75 LF	x			

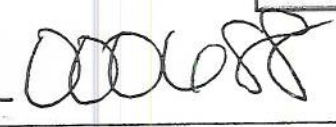
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 8/25/16

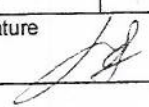
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

CL 3720  
AUG 29 2016

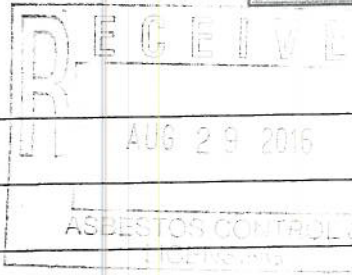
Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) MR. JEFFREY MILLER								
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code TEANECK NJ 07666								
		Name of Contact MR. MILLER	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) MR. MILLER		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 2500	# of Floors 2							
City (5) TEANECK		Bldg. Age 1940								
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE								
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc								
Street Address		Street Address 450 South River St								
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388							
Start Date (10) 9/7/16	Scheduled Completion Date (11) 9/8/16	Name of OSHA Monitor Omega Environmental								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St								
		City, State, Zip Code S. Hackensack, N.J. 07606								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 DRIVEWAY				DEBRIS ON SOIL	60 SF	X				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/200	Name of Registered Landfill Minerva Enterprises, LLC						
City, State Hackensack, N.J. 07601			Disposal Date 9/8/16	City, State Waynesburg, Oh, 44688						
Completed by J. Maiorano	Title Estimator	Signature [Signature]		Date 8/25/16						

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


*OK* 

Date of Notification (1) 08-25-16		Name of Building Owner/Operator (2) Goldstein and Canady								
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2500 Plaza 5, 25 Floor								
		City, State, Zip Code Jersey City, NJ 07311								
		Name of Contact Omar Canady	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet	# of Floors							
City (5) Irvington		Bldg. Age								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 522 7th St.								
City, State, Zip Code		City, State, Zip Code Union City NJ 07087								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603							
			License No. 01206							
Start Date (10) 08-26-16	Scheduled Completion Date (11) 08-29-16	Name of OSHA Monitor Delfa Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.								
		City, State, Zip Code Union City NJ 07087								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor		X		Wall Plaster	120 SF	X				
All Floors		X		Plaster Debris Clean-up	1200 SF					
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City, NJ		Disposal Date 08-31-16	City, State Tullytown, PA							
Completed by Jaime Delgado		Title Proj. Manager.	Signature 				Date 08-25-16			

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



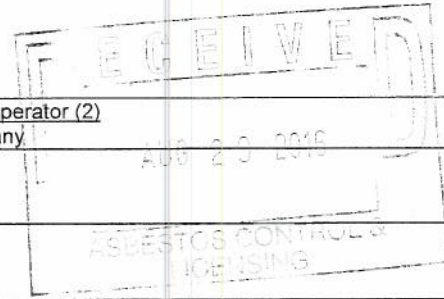
CK 5643

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) Thomas Rooney Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Long Beach Twp NJ 08008								
		Name of Contact Tom	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Thomas Rooney 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 2							
City (5) Long Beach Twp 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) 9/1/16	Scheduled Completion Date (11) 9/8/16	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 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	2200 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 9/8/16		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 8/23/16			

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

CK 4020509

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



<u>Date of Notification (1)</u> 8/18/16		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
<u>Street Address</u> 800 Billingsport Rd		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>Name of Contact</u> Ravi Jarecha		<u>Tel. Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd		Sq. Feet <u>N/A</u> # of Floors <u>N/A</u>	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7) (State Use Only)</u>	<u>Bldg. Age</u> <u>N/A</u> <u>Current Use (prior if being demolished)</u> <u>Oil Refinery</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Mansfield Industrial, Inc.
<u>Street Address</u> 3 Terri Lane, Suite 4 Burlington, NJ 08016		<u>Street Address</u> 26 Colonial Ave <u>City State, Zip Code</u> Woodbury NJ 08096	
<u>Project Manager for Monitoring Firm</u> John Lutz	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 9/1/16	<u>Scheduled Completion Date (11)</u> 9/30/16	<u>Name of OSHA Monitor</u> Mansfield Industrial, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -  <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside area		<u>Street Address</u> 26 Colonial Ave  <u>City, State, Zip Code</u> Woodbury NJ 08096	
<u>Source of Work (Check all that apply)</u>  <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure - FGDU <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure - TBA			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
			<u>Abatement Type</u> Rem. Rep. Encap Enclose
Pipe in TBA Warehouse	X	TSI	Approx 10 LF X
Pipe up side of C-4 Tower - FGDU	X	TSI	Approx 60 LF X
Support Activity for TA in South Plant	X	TSI	Approx 100 LF X
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 2 CY
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ		<u>City, State</u> South Harrison, NJ	
<u>Completed by (Print or Type)</u> ANDREW GREEN	<u>Title</u> MANAGER - KA Industrial Services	<u>Signature</u>  Site Operations Supervisor	<u>Date</u> 8/18/16

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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

Paragon Job# \_\_\_\_\_

RECEIVED  
AUG 29 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/19/16		Name of Building Owner/Operator (2) 605 Jackson Hoboken, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment Amendment # 01	Street Address 1450 Garden St.	
	<input type="checkbox"/> Emergency (includ justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Matthew Testa	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Pino Property			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 605-633 Jackson St.			Square Feet 4,000 sf	# of Floors 01	Bldg. Age 65
City (5) Hoboken, NJ 07030	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Vacant Building		

Name of Monitoring Firm Hired by Bldg. Owner (8) Langan Engineering		ASCM No.	Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address 300 Kimball Dr. 4th Floor		Street Address 590 River Rd.			
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Clifton, NJ 07014			
Project Manager for Monitoring Firm Langan	Phone Number 973-560-4900	Telephone Number (973) 614-1600	License Number 00748		
Scheduled Start Date (10) 07/27/2016	Sched. Completion Date (11) 09/19/2016	Name of OSHA Monitor Paragon Contracting, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 590 River Rd.			
		City, State, Zip Code Clifton, NJ 07014			

Scope of Work (check all that apply)

- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- >3 sf or >3 lf
- ≥160 sf or ≥260 lf
- Mini-enclosure
- Non-Exempted (" ) 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						
Roof Stand By During Demo			<input checked="" type="checkbox"/>	Metal Roof Panels with Tar	5,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Roof			<input checked="" type="checkbox"/>	Roofing/Flashing	823 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Interior			<input checked="" type="checkbox"/>	VAT/Mastic	580 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"/>

Registered Waste Hauler Red Technologies, LLC.	NJDEP Hauler ID# 36163	Cubic Yards of Waste 60 cyds	Name of Registered Landfill Minerva Enterprises
City, State Portland, CT 06480	Disposal Date TBD	City, State Waynesburg, OH	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 08/19/2016

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

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 Check 15/12  
 AUG 29 2016

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) Jean Cataldi	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Jersey City, NJ 07304		Name of Contact Jean Cataldi
		Telephone Number	

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2200	# of Floors 2	Bldg. Age 73
City (5) Jersey City		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
County (6) Hudson		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Name of Abatement Contractor (9) ABS Environmental Services, LLC		Street Address PO Box 483, 4 E Gate Drive		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No.		License No. 703	
Start Date (10) 9/1/16		Scheduled Completion Date (11) 11/30/16		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: <u>basement</u>			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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	200 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD		Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA			
Completed by A. Scott Higgins		Title President		Signature 		Date 8/23/16	

NOCK

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



Date of Notification (1) <u>8</u> / <u>24</u> / <u>16</u>		Name of Building Owner/Operator (2) Diocese of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 631 Market Street							
		City, State, Zip Code Camden, NJ 08102							
		Name of Contact Pat Williams							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Convent - Notre Dame DeLaMer Parish		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 2900 Pacific Avenue		Square Feet 100,000	# of Floors 3						
City (5) Wildwood		Bldg. Age 80							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Former Convent)							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 856-755-0099						
			License No. 00842						
Start Date (10) 08 / 22 / 16	Scheduled Completion Date (11) 09 / 30 / 16	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 1-Basement Ceiling & Debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 1 - Basement Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soft White Board	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 1 - Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cementous Pipe White	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 1 & Connector-Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Air Cell Pipe Wrap	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gold Medal Environmental		NJDEP Waste Hauler ID No. 20812	Cubic Yards of Waste 90	Name of Registered Landfill Cape May County Landfill					
City, State Woodbine, NJ		Disposal Date 09/30/2016	City, State Woodbine, NJ						
Completed By (Print or Type) Christina Lynch		Title Operations Manager	Signature 			Date 8/24/16			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?		Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No			
Building 1 and Connector - Throughout		X	Fittings and Fitting Debris	Undetermined	X
Building 1 - Basement		X	Flue Patch	4 SF	X
Building 1 - 1st Floor and 2nd Floor		X	Plaster Smooth Coat	7,383.6 SF	X
Building 1 - 1st Floor and 2nd Floor		X	Plaster Rough Coat	7,383.6 SF	X
Building 1 - 1st Floor		X	12"x12" Tan Vinyl Floor Tile	108.75 SF	X
Building 1 - 1st Floor		X	12"x12" Stone Face Vinyl Floor Tile	120.5 SF	X
Building 1 - 1st Floor		X	Black Mastic a/w Tan Vinyl Floor Tile	67.2 SF	X
Building 1 - 1st Floor		X	Green Transite Panels	8 SF	X
Building 1 - 1st Floor		X	Tan Vinyl Sheet Good	30 SF	X
Building 1 - 1st Floor		X	Green, Pink, Tan Sheet Good	12 SF	X
Building 1 - 1st Floor		X	Green Floor Tile under the G, P, T Sheet Good	201 SF	X
Building 1 - 1st Floor		X	Tan Sheet Good	350 SF	X
Building 1 - 1st Floor		X	Tan Sheet Good	380 SF	X
Building 1 - 1st Floor Fire Place Room		X	9"x9" Tan Floor Tile	410 SF	X
Building 1 - 1st Floor		X	9"x9" White Floor Tile	410 SF	X
Building 1 - 1st Floor		X	9"x9" Green Floor Tile and Mastic	410 SF	X
Building 1 - 2nd Floor		X	9"x9" Green & White Floor Tile and Mastic	504 SF	X
Connector - Level 1		X	9"x9" Tan Floor Tile and Mastic	140 SF	X
Connector - Level 1		X	9"x9" Green Floor Tile and Mastic	18 SF	X
Connector - 2nd Floor		X	Brown Floor Tile w/ Beige Splotches and Mastic	108 SF	X
Connector - 2nd Floor		X	Beige Floor Tile w/ Blue Splotches and Mastic	106 SF	X
Connector - 2nd Floor		X	9" Tan Floor Tile w/ Green Splotches	105 SF	X
Building 2 - Ground Floor		X	Tan Floor Tile w/ Black Splotches and Mastic	117 SF	X
Building 2 - Ground Floor		X	9" Brown Floor Tile w/ White Splotches	105 SF	X
Building 2 - Ground Floor		X	Mastic over Concrete a/w Brown Floor Tile	140 SF	X
Building 2 - Stairwell to 1st Floor		X	9"x9" Tan and Brown Floor Tile	18 SF	X
Building 2 - Stairwell to 1st Floor		X	Tan and Brown Stair Tread	18 SF	X
Building 2 - Level 1		X	9"x9" Brown Floor Tile and Mastic	198 SF	X
Building 2 - Level 1		X	12" Gray Floor Tile w/ Brown Splotches	481 SF	X
Building 2 - Level 1 to Level 2 Stairwell		X	Green Tread/Glue	18 SF	X
Building 2 - Level 1 to Level 2 Stairwell		X	9" Green Floor Tile and Mastic	18 SF	X
Building 2 - Level 2		X	12" Brown Floor Tile and Mastic	122 SF	X
Building 2 - Level 2		X	Tan Floor Tile w/ Brown & White Streaks	132 SF	X
Building 2 - Level 2 Bathroom		X	9"x9" Floor tile and Mastic	78 SF	X

APR 29 2010

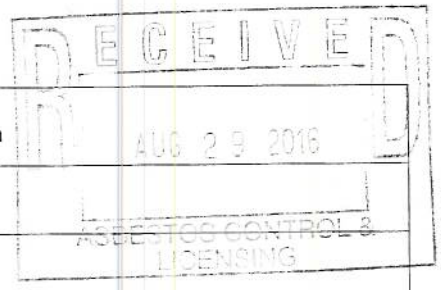


Building 2 - Level 3			X	Tan Floor Tile w/ Green Splotches and Mastic	154 SF	X
Building 2 - Level 3			X	Gray Floor Tile w/ Dark Gray Splotches & Mastic	345 SF	X

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 ASBESTOS CONTROL  
 LICENSE # 1000

NO CK

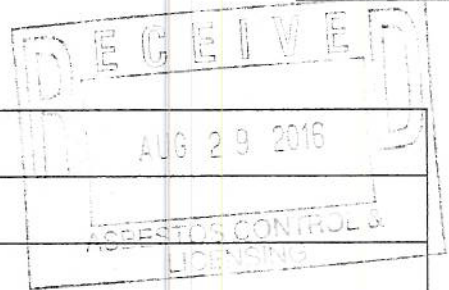
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>8</u> / <u>24</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>Elsinboro Township Board of Education</b>										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 327</b>										
		City, State, Zip Code <b>Alloway, NJ 08001</b>										
		Name of Contact <b>Rebecca Joyce</b>	Telephone Number									
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>Elsinboro Elementary 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 and commercial buildings, homes, etc.)										
Street Address <b>631 Salem-Fort Elfsborg Road</b>		Square Feet <b>50,000</b>	# of Floors <b>2</b>									
City (5) <b>Salem</b>		Bldg. Age <b>80</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>TTI Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>									
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>										
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>										
Project Manager for Monitoring Firm <b>Jeff Seaman</b>	Telephone No. <b>856-889-5182</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>									
Start Date (10) <u>08</u> / <u>22</u> / <u>16</u>	Scheduled Completion Date (11) <u>09</u> / <u>02</u> / <u>16</u>	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 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure					
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tiles	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>								
City, State <b>Freehold, NJ</b>		Disposal Date <b>09/02/2016</b>	City, State <b>Newburg, PA</b>									
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Operations Manager</b>	Signature 		Date <b>8/24/16</b>								

MO 19723074772

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



Date of Notification (1) 08/19/16		Name of Building Owner/Operator (2) Ken Whistler								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Bridgewater NJ 08807								
		Name of Contact	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Ken Whistler		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet	# of Floors							
City (5) Bridgewater		Bldg. Age								
County (6) Somerset County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement							
Street Address		Street Address 1009 87th Street Suite A4								
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047								
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223							
Start Date (10) 08/24/16	Scheduled Completion Date (11) 09/07/16	Name of OSHA Monitor HILMAMM CONSULTING LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107								
		City, State, Zip Code UNION NJ 07083								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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		
Basement				TSI	40 LF	x				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.						
City, State HILLSIDE, NJ		Disposal Date		City, State MORRISVILLE PA						
Completed by Bryan Parra		Title Project Manager		Signature <i>Bryan Parra</i>			Date 08/19/16			

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

**CHECK #4956**

Date of Notification (1) 08/19/2016		Name of Building Owner/Operator (2) SEAN HORWATH							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code MARLTON NJ 08053							
			Name of Contact SEAN		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 2,060	# of Floors 2	Bldg. Age 40+				
City (5) MARLTON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL					
County (6) BURLINGTON									
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1634 SOUTH DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676	License No. 01145					
Start Date (10) 08/22/2016	Scheduled Completion Date (11) 08/24/2016		Name of OSHA Monitor EMSL						
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: RESIDENTIAL			Street Address 200 RT. 130 NORTH						
			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 338 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT ROOM & HALLWAY			X	POPCORN CEILING		X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 08/19/2016			



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

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AUG 23 2016  
30161  
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) August 24, 2016		Name of Building Owner/Operator (2) Disantis Contracting, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type 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 313 Halyard Road	
		City, State, Zip Code Ortley Beach, NJ 08751	
		Name of Contact Frank Disantis	Telephone Number

**FACILITY INFORMATION**

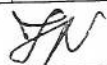
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 1500 sf	# of Floors 1	Bldg. Age 60
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 9/6/16	Scheduled Completion Date (11) 9/7/16	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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	1350 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/8/16		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/24/16		

\*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)

MO 23959532842

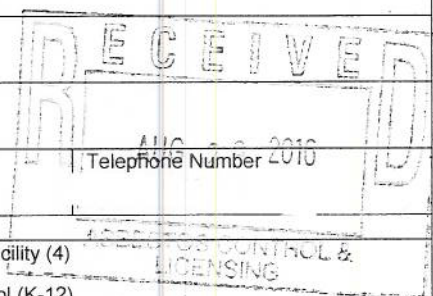
Date of Notification (1) 08/19/2016		Name of Building Owner/Operator (2) Steven Seymor								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
	City, State, Zip Code Milburn, NJ 07041		Name of Contact Steven Seymor							
			Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A							
City (5) Milburn		Bldg. Age N/A								
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc							
Street Address _____		Street Address 11 Rosengren Avenue								
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm _____		Telephone No. 973-345-8685	License No. 01311							
Start Date (10) 09/02/2016		Scheduled Completion Date (11) 09/03/2016								
Name of OSHA Monitor D&S Abatement, Inc		Street Address 11 Rosengren Avenue								
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>		City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf										
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement		X		pipe insulation	155 LF	X				
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA						
City, State Totow, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Ned Joksimovic		Title PM	Signature 			Date 08/19/2016				

RECEIVED  
 AUG 29 2016

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

CK 6762200682

Date of Notification (1) 08/19/2016		Name of Building Owner/Operator (2) Charls Carter	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Charls Carter	
		Telephone Number [REDACTED]	



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

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311

Start Date (10) 09/01/2016	Scheduled Completion Date (11) 09/02/2016	Name of OSHA Monitor D&S Abatement, Inc		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue		
		City, State, Zip Code Totowa, NJ 07512		

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		x		pipe insulation	75 LF	x			

Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totow, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Ned Joksimovic		Title PM	Signature <i>JN</i>		Date 08/19/2016

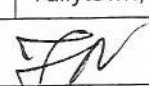
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

CK 92607186-3

Date of Notification (1) 08/19/2016		Name of Building Owner/Operator (2) Clair McGurr								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Teaneck, NJ 07666								
		Name of Contact Clair McGurr	Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A							
City (5) Teaneck		Bldg. Age N/A								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc							
Street Address		Street Address 11 Rosengren Avenue								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311							
Start Date (10) 08/29/2016	Scheduled Completion Date (11) 08/30/2016	Name of OSHA Monitor D&S Abatement, Inc								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 11 Rosengren Avenue								
		City, State, Zip Code Totowa, NJ 07512								
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 type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement		x		pipe insulation	200 LF	x				
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA						
City, State Totow, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Ned Joksimovic		Title PM	Signature 				Date 08/19/2016			

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

CK 147520413

Date of Notification (1) 08/19/2016		Name of Building Owner/Operator (2) David Faitoute							
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 Summit, NJ 07901		Name of Contact David Faitoute						
	Telephone Number [REDACTED]		AUG 22 2016						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Summit		Bldg. Age N/A							
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc						
Street Address [REDACTED]		Street Address 11 Rosengren Avenue							
City, State, Zip Code [REDACTED]		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 01311						
Start Date (10) 08/30/2016	Scheduled Completion Date (11) 08/31/2016	Name of OSHA Monitor D&S Abatement, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		x		furnace insulation	20 SF	x			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totow, NJ		Disposal Date TBD	City, State Tullytown, PA						
Completed by Ned Joksimovic		Title PM	Signature 		Date 08/19/2016				