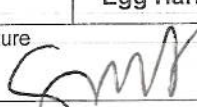
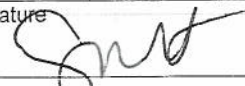


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">8 / 25 / 16</div>		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1606-5020 Check #8503							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address FAA Technical Center City, State, Zip Code Atlantic City International Airport, NJ 08405 Name of Contact Peter Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Hangar B301		Square Feet	# of Floors						
City (5) Atlantic City		Bldg. Age							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical Center							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 609-314-1683	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">9 / 6 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 30 / 16</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/_____ PM/_____ PM/_____ AM		Street Address 200 Route 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	410 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Mastic	115 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 16	Name of Registered Landfill Atlantic Count Utilities Authority					
City, State Lumberton, NJ		Disposal Date 9/30/16	City, State Egg Harbor Township, NJ 08234						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 			Date 8/25/16			

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

Date of Notification (1) <div style="text-align: center;">8 / 25 / 16</div>		Name of Building Owner/Operator (2) NJSDA / Job # 1509-4955 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="float: right; border: 2px solid black; padding: 5px; transform: rotate(-5deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="float: right; text-align: center;">AUG 29 2016</div> <div style="clear: both;"></div>							
		Street Address 32 E. Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Mark Hall							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paul Robeson ES		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 199 Commercial Avenue									
City (5) New Brunswick		Square Feet 59,400	# of Floors 2						
		Bldg. Age 35							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1805 Atlantic Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Laura Brinkerhoff	Telephone No. 732-223-2225	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 7 / 21 / 16	Scheduled Completion Date (11) 9 / 30 / 16	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6AM-2:30PM / PM - AM		Street Address 200 Route 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheet Flooring & Associated Glue	24,851 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic On Sinks	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	534 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 9/30/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/25/16			

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



Date of Notification (1) 8 / 25 / 16			Name of Building Owner/Operator (2) New Jersey Institute of Technology / Job #1608-5055 Check #8540						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 323 Dr MLK Jr. Blvd. City, State, Zip Code Newark, NJ 07102 Name of Contact Jerry Russano Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT- Tiernan Hall			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 323 Dr MLK Jr. Blvd.			Square Feet						
City (5) Newark, NJ 07102			# of Floors		Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700		License No. 00529					
Start Date (10) 9 / 6 / 16		Scheduled Completion Date (11) 10 / 31 / 16		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 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 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
Room #204	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #204	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Hoods	9 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #204	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lab Tops	54 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 10/31/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/25/16			

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

Revised Start/Completion Date OK 1000035491

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) Passaic Valley Sewerage Commission							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Wilson Ave.							
		City, State, Zip Code Newark, NJ 07105							
		Name of Contact Mike Donne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PVSC Wallington Pump Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 131 River Dr		X							
City (5) Passaic, NJ		Square Feet 30000	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Boiler rooms storage area						
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) New States Contracting, LLC						
Street Address 3 Crosswicks Rd		Street Address 2400 Main Street Extension, Suite 10							
City, State, Zip Code Bordentown, NJ 0850		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 732-525-0100						
License No. 00749		Name of OSHA Monitor Tiger Environmental							
Start Date (10) 8/15/16 8/25/16		Scheduled Completion Date (11) 9/2/16 9/16/16							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Show Desktop.scf Street Address 234 20 th Ave City, State, Zip Code Brick, NJ 08724							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Storage area	X			Ceiling Plaster	800 sf	X			X
						X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ		Disposal Date 6/27/16		City, State Newburg, PA					
Completed by Michael Migliore		Title Sr. Account Manager	Signature <i>Michael Migliore</i>			Date 8/23/16			

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

Check # 25830

Date of Notification (1) 8/26/2016		Name of Building Owner/Operator (2) THE HIBBERT GROUP							
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 type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 400 PENNINGTON AVENUE							
		City, State, Zip Code TRENTON, NJ 08618							
		Name of Contact DAVID D'ANDREA							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) THE HIBBERT GROUP		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)							
Street Address 400 PENNINGTON AVENUE		Square Feet	# of Floors Bldg. Age						
City (5) TRENTON, NJ									
County MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.							
Street Address P.O. BOX 341		Street Address 15 BLACK FOREST ROAD							
City, State, Zip Code CROSSWICKS, NJ 08515		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm WILLIAM WEISGARBER	Telephone No. 609-915-1140	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 8/30/2016	Scheduled Completion Date (11) 8/30/2016	Name of OSHA Monitor MECS							
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 ESSENTIAL PERSONNEL/EVENING 4PM-12AM		Street Address P.O. BOX 341							
		City, State, Zip Code CROSSWICKS, NJ 08515							
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 (*) & 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	<input checked="" type="checkbox"/>			PIPE INSULATION	60L.F.	<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler CARNEVALE DISPOSAL COMPANY, INC.		NJDEP Waste Hauler ID No. 17247	Cubic Yards of Waste 2 YDS	Name of Registered Landfill GROWS					
City, State HAMILTON, NJ		Disposal Date 8/31/2016	City, State MORRISVILLE, PA.						
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar <i>David D'Andrea</i>			Date 8/26/2016				

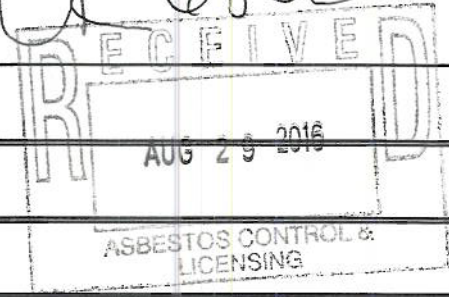
ASB-41

* Do not use this form for asbestos licensure exempted activities

D&S Proj. #: 16-260

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

CK 6803



Date of Notification (1) 10/18/12/10/11/16		Name of Building Owner/Operator (2) CHERYL NISSENBA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code BERGENFIELD, NJ 07621	
Name of Contact CHERYL NISSENBA		Telephone Number	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/30/16		Sched. Completion Date (11) 09/15/16	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		TRANSITE SIDING	1,250 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE		<input checked="" type="checkbox"/>		TRANSITE SIDING	120 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/31/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/20/16

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



Date of Notification (1) 8 / 26 / 16		Name of Building Owner/Operator (2) St. Luke's Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 185 Roseberry St.							
		City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Ted Ruhf	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital		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 185 Roseberry St.		Square Feet 100,000+	# of Floors 2						
City (5) Phillipsburg, NJ 08865		Bldg. Age 41+							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Pennonni Assoc.		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 515 Grove St.		Street Address 550 East Union St.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-547-0505	Telephone No. 610-701-9000						
		License No. 00508							
Start Date (10) 9 / 12 / 16	Scheduled Completion Date (11) 10 / 14 / 16	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 28 N. Pennel Road							
		City, State, Zip Code Media, PA 19063							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Sub Phases 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	5140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Richard Burns & Co.		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark H. Griffin		Title Estimator		Signature 		Date 8/26/16			

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

CHECK # 9179

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) CROSSROADS COMPANIES		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 29 2016 </div>					
Agencies Notified		Type Notification				Street Address 20 RIDGE ROAD, SUITE 210			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code MANTUA NJ 07430			
						Name of Contact MIKE F.			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL PROPERTY				Type of Facility (4)					
Street Address 430 GREENWOOD AVE.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) WYCKOFF				Square Feet 55,000	# of Floors 1				
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SHOPPING / DEMO				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.					
Street Address				Street Address 185 Vreeland Ave.					
City, State, Zip Code				City, State, Zip Code Midland Park, NJ 07432					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	License No. 00156				
Start Date (10) 9/7/16		Scheduled Completion Date (11) 11/7/16		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 280 Huyer Street					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT			X	VAT/MASTIC	41,000 SF	X			
ROOF			X	FLASHING	1,700 SF	X			
OUTSIDE			X	TRANSITE	4,000 SF	X			
SUPERMARKET			X	ELBOWS/PIPE	85	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 120	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Newark, NJ 07105				Disposal Date 9/7/16	City, State, Zip Code Bethlehem, PA 18015				
Completed by R. McDonald		Title President		Signature R. McDonald		Date 8/25/16			

B & G proj. #: 2016-125

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

Check # 7977

Date of Notification (1) 08/12/16		Name of Building Owner/Operator (2) Stephanie Graham	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Ridgefield Park, NJ 07660	
Name of Contact Stephanie Graham		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Stephanie Graham			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Ridgefield Park, NJ 07660			County (6) Bergen		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. n/a		
Street Address [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 09/09/2016			Sched. Completion Date (11) 09/09/2016		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement crawl space			<input checked="" type="checkbox"/>	pipe (wrap & cut)	7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	fire board	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"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/10/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/26/2016

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

B & G proj. #: 2016-120

Check # 7976

Date of Notification (1) <u>10/18/12/16/11/16/</u>		Name of Building Owner/Operator (2) <u>Andrea Ferraro</u>	
Agencies Notified	Type Notification	<div style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</div> <div style="text-align: right; font-weight: bold;">AUG 29 2016</div> <div style="text-align: center; font-weight: bold;">ASBESTOS</div>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>	
		City, State, Zip Code <u>Roselle, NJ 07203</u>	
		Name of Contact <u>Andrea Ferraro</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Andrea Ferraro</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>					
City (5) <u>Roselle, NJ 07203</u>	County (6) <u>Union</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) <u>residential</u>		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. <u>n/a</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>09/07/2016</u>		Sched. Completion Date (11) <u>09/08/2016</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		Street Address <u>105 Ryerson Road</u>			
		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement & garage			X	pipe insulation	120 lf	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>09/08/2016</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>	
				Date <u>08/26/2016</u>	

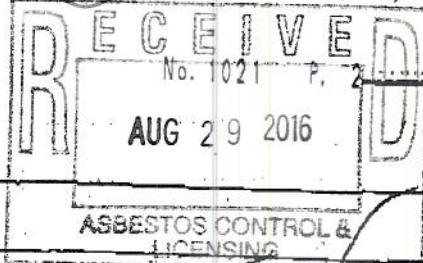
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CK 1824

Date of Notification (1) 7/11/2016		Name of Building Owner/Operator (2) Lauren Carbone							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Washington TWP, NJ 07676							
		Name of Contact Lauren Carbone	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		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) Washington TWP		Bldg. Age							
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) GSC Services Corp						
Street Address		Street Address 1465 Route 23 South, #111							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-750-0752	License No. 01253						
Start Date (10) 7/20/2016	Scheduled Completion Date (11) 7/22/2016	Name of OSHA Monitor EnviroVision Consultants							
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 20-21 Wagaraw Road							
		City, State, Zip Code Fair Lawn, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Attic			X	Vermiculite	800sf	X			
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner	Signature	Date 7/11/2016					

Aug. 11. 2016 3:49PM FAMM

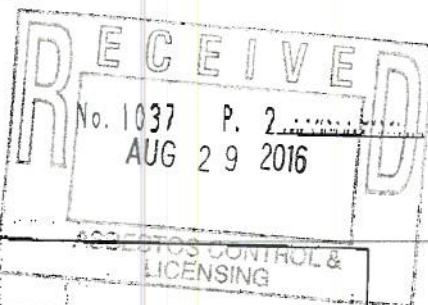
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12a)



Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) David Lakin							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Rutherford, NJ							
Name of Contact David Lakin		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Rutherford		County Code (7) (STATE USE ONLY)							
County (6) Bergen		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) GSC Services Corp							
City, State, Zip Code		Street Address 1465 Route 23 South, #111							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-750-0752							
Start Date (10) 8/12/16		License No. 01253							
Scheduled Completion Date (11) 8/13/16		Name of OSHA Monitor EnviroVision Consultants							
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 Other - Describe:		Street Address 20-21 Wagaraw Road							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Fair Lawn, NJ 07470							
<input checked="" 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	TSI	70LF	X			
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste		Name of Registered Landfill TRRF			
City, State Wayne, NJ		Disposal Date		City, State		Telephone No.			

Aug. 18. 2016 1:15PM FAMM


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



Date of Notification (1) 8/18/2016		Name of Building Owner/Operator (2) Kimberly Legin							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Whitehouse Station, NJ 08859							
		Name of Contact Kimberly Legin	Telephone						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Whitehouse Station		Square Feet	# of Floors						
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) GSC Services Corp							
City, State, Zip Code		Street Address 1465 Route 23 South, #111							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-750-0752	License No. 01253						
Start Date (10) 8/19/2016	Scheduled Completion Date (11) 8/20/2016	Name of OSHA Monitor EnviroVision Consultants							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code Fair Lawn, NJ 07470							
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 Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Duct Insulation	3sf	X		X	
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0038309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ		Disposal Date		City, State					

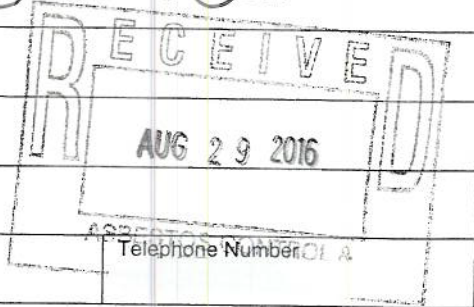
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1826

Date of Notification (1) 8/18/2016		Name of Building Owner/Operator (2) Daryn Jankovic							
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 Montclair, NJ 07043							
		Name of Contact Daryn Jankovic							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		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 Bldg. Age							
City (5) Montclair		Current Use (Prior if being demolished)							
County (6) Essex	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) GSC Services Corp						
Street Address		Street Address 1465 Route 23 South, #111							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-750-0752 License No. 01253						
Start Date (10) 9/1/2016	Scheduled Completion Date (11) 9/2/2016	Name of OSHA Monitor EnviroVision Consultants							
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 20-21 Wagaraw Road							
		City, State, Zip Code Fair Lawn, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
First Floor			X	VAT	1,100sf	X			
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner	Signature 			Date 8/18/2016			

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

CK 1828



Date of Notification (1) 8/23/2016		Name of Building Owner/Operator (2) 888 Hudson LLC							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Steve Kim							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Hoboken		Square Feet	# of Floors Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) GSC Services Corp						
Street Address		Street Address 1465 Route 23 South, #111							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-750-0752 License No. 01253						
Start Date (10) 9/1/2016	Scheduled Completion Date (11) 9/2/2016	Name of OSHA Monitor EnviroVision Consultants							
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 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07470							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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	TSI	20LF	X			
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner	Signature 			Date 8/23/2016			

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

Check # 0389

Date of Notification (1) 8/22/16		Name of Building Owner/Operator (2) c/o BCSI Inc							
Agencies Notified	Type Notification	Street Address 146 Poplar St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield Park, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 2000	# of Floors 2						
City (5) Palisades Park		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 8/31/16	Scheduled Completion Date (11) 9/3/16	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Shingles	1100 SF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary		Signature Tina Caporino			Date 8/22/16		

CK 2455

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

RECEIVED

Date of Notification (1) 8/22/16		Name of Building Owner/Operator (2) Jose Cordero		AUG 29 2016	
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 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 Livingston, NJ 07039		Telephone Number	
		Name of Contact Eric Plackis			
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 1824	
City (5) Livingston				# of Floors 1	
County (6) Essex				Bldg. Age 56	
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) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915			
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723			
Project Manager for Monitoring Firm		Telephone No.		License No. 01196	
Start Date (10) 8/23/16		Scheduled Completion Date (11) 9/6/16		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"/> ≥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)
	Yes	No	N/A		
				Asbestos floor tile	8300SF
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 5	
City, State Brick, New Jersey		Disposal Date 9/7/16		Name of Registered Landfill GROWS Inc.	
Completed by Eric Plackis		Title President		Signature [Signature]	
				Date 8/22/16	

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

RECEIVED
Check # 0391
AUG 23 2016

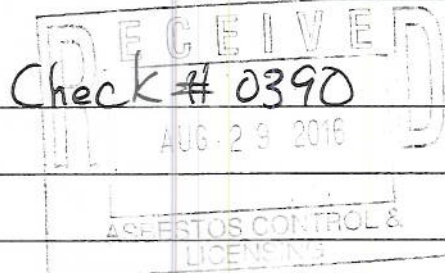
Date of Notification (1) 8/24/16		Name of Building Owner/Operator (2) Alpert Group							
Agencies Notified	Type Notification	Street Address 1 Parker Pl, Suite 64							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) One Story/Freegan Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 550 Central Ave		Square Feet 10,000	# of Floors 1						
City (5) Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Commercial Bldg							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 9/2/16	Scheduled Completion Date (11) 9/26/16	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Window Caulk	188 LF	x			
Garage			x	Pipe Insulation	475 LF	x			
Garage			x	VAT & Mastic	140 SF	x			
						x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 8/24/16			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 3:60 and 12:120)

Check # 0388

Date of Notification (1) 8/22/16		Name of Building Owner/Operator (2) Township of Wall						
Agencies Notified	Type Notification	Street Address 2700 Allaire Rd						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall, NJ 07719						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Abandoned Recycling Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1098 Monmouth Blvd		Square Feet 10,000	# of Floors 2					
City (5) Wall		Bldg. Age 50+						
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Recycling Center						
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave						
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973.460.6026	License No. 01255					
Start Date (10) 8/23/16	Scheduled Completion Date (11) 8/31/16	Name of OSHA Monitor Harmony Contracting Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 360 Palisade Ave						
		City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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
ENTIRE STRUCTURE TO BE			ENTIRE STRUCTURE TO BE					
DISPOSED AS ACM			DISPOSED AS ACM					
Name of Registered Waste Hauler Weigle Trucking	NJDEP Waste Hauler ID No. SW2912	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Linden, PA	Disposal Date TBD	City, State TBD						
Completed by Tina Caporino	Title Secretary	Signature <i>Tina Caporino</i>				Date 8/22/16		

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) Alpert Group							
Agencies Notified	Type Notification	Street Address 1 Parker Pl, Suite 64							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 550 Central Ave		Square Feet 20,000	# of Floors 4						
City (5) Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Commercial Bldg							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 9/2/16	Scheduled Completion Date (11) 9/26/16	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl			X	Pipe Insulation	348 LF	X			
2nd Fl			X	Pipe Insulation	60 LF	X			
3rd Fl			X	Pipe Insulation	160 LF	X			
4th Fl			X	Pipe Insulation	123 LF	X			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tina Caporino		Title Secretary		Signature <i>Tina Caporino</i>		Date 8/24/16			

see next page →

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

Date of Notification (1)		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5)		Square Feet	# of Floors						
		Bldg. Age							
County (6)	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)						
Street Address		Harmony Contracting Inc							
City, State, Zip Code		Street Address							
		360 Palisade Ave							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973460.6026	01255						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
		Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		360 Palisade Ave							
		City, State, Zip Code							
		Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 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 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
2ND FL			X	VAT & MASTIC	240 SF	x			
3RD FL			X	VAT & MASTIC	87 SF	x			
4TH FL			X	VAT & MASTIC	87 SF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by		Title	Signature		Date				

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) ARCO DESIGN / BUILD NORTHEAST						
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 200 N. Warner RD. Suite 430						
		City, State, Zip Code King Of Prussia, P.A. 19406						
		Name of Contact Rob Steigerwald	Telephone Number c					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Wycoff Mills		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 329 Wycoff Mills Road		Square Feet 79,000	# of Floors 1					
City (5) East Windsor		Bldg. Age 50+-						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unknown						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137					
Start Date (10) 08/29/16	Scheduled Completion Date (11) 11/29/16	Name of OSHA Monitor AmeriSci						
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 117 East 30th Street						
		City, State, Zip Code New York, NY 10016						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front area of the building	x		Acoustical ceiling material	12,000 S.F.	x			
Front area of the building	x		contam. mixed debries on floor	5,000 S.F.	x			
Basement	x		HVAC texture	150 S.F.	x			
Basement	x		boiler breeching	15 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA				
Completed by Marko Stankovic		Title President	Signature Marko Stankovic		Date 08/19/16			

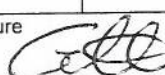
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

Date of Notification (1) 08/19/16		Name of Building Owner/Operator (2) ARCO DESIGN / BUILD NORTHEAST						
Agencies Notified	Type Notification	Street Address 200 N. Warner RD. Suite 430						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code King Of Prussia, P.A. 19406						
		Name of Contact Rob Steigerwald	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Wycoff Mills		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 359 Wycoff Mills Road		Square Feet 130,000	# of Floors 1					
City (5) East Windsor		Bldg. Age 50+-						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unknown						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137					
Start Date (10) 08/29/16	Scheduled Completion Date (11) 11/29/16	Name of OSHA Monitor AmeriSci						
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 117 East 30th Street						
		City, State, Zip Code New York, NY 10016						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main & South building	x		floor tiles	700 S.F.	x			
Lab Building	x		floor tiles	34,750 S.F.	x			
Pilot Plant	x		floor tiles	400 S.F.	x			
Lab Building - Roof	x		pipe insulation	6 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA				
Completed by Marko Stankovic		Title President	Signature Marko Stankovic		Date 08/19/16			

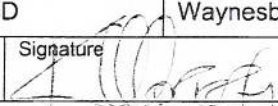
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH = 4289

Date of Notification (1) 08/24/16		Name of Building Owner/Operator (2) Jersey City Free Public Library							
Agencies Notified	Type Notification	Street Address 472 Jersey Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Priscilla Gardner	Telephone Number 2016						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jersey City Free Public Library		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 472 Jersey Avenue		Square Feet	# of Floors						
City (5) Jersey City, NJ 07302		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant		Street Address 606 McBride Avenue							
City, State, Zip Code Hill Road, Cranbury, NJ 08512		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 01104						
Start Date (10) 08/27/16	Scheduled Completion Date (11) 08/29/16	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input 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) 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
Second floor - room 210			x	removal/disposal of elbows	9 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill					
City, State Woodland Park, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title Vice President	Signature 	Date 08/24/16					

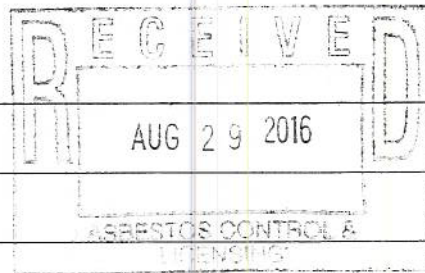
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 23299

Date of Notification (1) 08-23-16		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified	Type Notification	Street Address 213 Washington Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Constance L. Paterek	Telephone Number AUG 29 2016						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington Building		Type of Facility (4)							
Street Address 213 Washington Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet	# of Floors						
		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 08-25-16	Scheduled Completion Date (11) 09-16-16	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson 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 Long Island City, NY 11101							
Scope of Work (Check All That Apply)		OSHA Class II							
<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 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
6th Floor			x	VAT/Mastic	23,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 		Date 08-23-16			

CK 19360

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) Sarla Chand		AUG 29 2016					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Teaneck, NJ 07666 Name of Contact Sarla Chand Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>				Square Feet					
City (5) Teaneck				# of Floors					
County (6) Bergen				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.		Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		License No.					
Start Date (10) 09/02/16		Scheduled Completion Date (11) 09/09/16		Name of OSHA Monitor Same as Above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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	60 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 3		Name of Registered Landfill GROWS Landfill			
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>		Date 08/23/16			

08/24/2016 14:33

NO. 150 8002

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

OK 3246


Date of Notification (1) 8 / 24 / 16		Name of Building Owner/Operator (2) Pat Murray	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Mount Laurel, NJ 08054 Name of Contact Pat Murray	

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ASBESTOS CONTROL

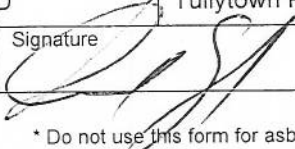
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Murray Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 1,700	# of Floors 2
City (5) Mount Laurel		Bldg. Age 70	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08615		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Welegarber		Telephone No. 609-298-4070	Telephone No. 856-765-0088
License No. 60842			
Start Date (10) 08 / 25 / 16	Scheduled Completion Date (11) 08 / 29 / 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 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 ft		<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
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flooring	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foyer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flooring	30 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 18838	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ	Disposal Date 08/29/2016	City, State Newburg, PA	
Completed By (Print or Type) Christina Lynch	Title Operations Manager	Signature 	Date 8/24/16

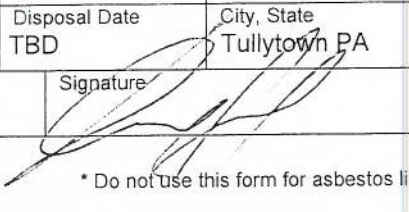
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 1513

Date of Notification (1) 8/25/2016		Name of Building Owner/Operator (2) David Sharples							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code Manasquan NJ 08736							
		Name of Contact Michael DeBlasio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manasquan		Square Feet 1,200+	# of Floors 2+ Bldg. Age 50+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46 Suite 7a							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 9/3/2016	Scheduled Completion Date (11) 9/3/2016	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Normal Working Hours</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			x	Drywall	530 SF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 8/25/2016			

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

Check 1515

Date of Notification (1) 8/25/2016		Name of Building Owner/Operator (2) Hopes Inc							
Agencies Notified	Type Notification	Street Address 301 Garden Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken NJ 07030							
		Name of Contact Benjamin Sallemi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Plainfield Armory		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 1201 East 7th Street		Square Feet 1,200+	# of Floors 2+ Bldg. Age 50+						
City (5) Plainfield		Current Use (Prior if being demolished)							
County (6) Union	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) GZA Geo Environmental		ASCN No. 00126	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 55 Lane Road Suite 407		Street Address 205 Route 46 Suite 7a							
City, State, Zip Code Fairfield NJ		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Benjamin Sallemi		Telephone No. 973-774-3311	License No. 01232						
Start Date (10) 09/06/2016	Scheduled Completion Date (11) 10/06/2016	Name of OSHA Monitor Envirovision Consultants 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 20-21 Wagaraw Rd Bldg 35e							
		City, State, Zip Code Fair Lawn NJ 07410							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				See Continuation Sheet					
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5+	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 8/25/2016			

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet



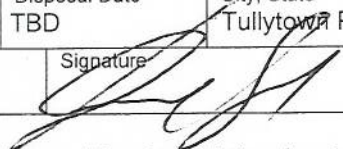
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ARMORY BUILDING									
Roof 1			x	1/16" Thick Vapor Barrier Layer 4	900 SF	x			
Roof 1			x	Roof Flashing	120 SF	x			
Roof 2			x	Roof Flashing	80 SF	x			
Building Facade			x	Exterior Window Cauliking	1,550 LF	x			
Building Facade			x	Exterior Window Cauliking Concealed within Metal Cladding	1,550 LF	x			
Bldg Upper Fascade at Roof 2			x	Façade Fibrous Cauliking Metal	2 SF	x			
Bldg Upper East Façade at Roof 2			x	White Façade Cauliking	2 SF	x			
Basement Classroom 2			x	Light Brown 12"x12" Floor Tile on top of Black 9"x9" Floor Tile	1,150 SF	x			
				Dark Brown 12"x12" Floor Tile on top of Black 9"x9" Floor Tile					
				Black 9"x9" Floor Tile with Light Streaks					
				Mastic Black 9"x9" Floor Tile with Light Streaks					
Basement Large Vault			x	Light Brown Carpet Glue Beneath Carpet	430 SF	x			
Basement Fan Room			x	Vibration Joint Cloth	5 SF	x			
Various Areas Throughout Bldg			x	Wrapped Paper Pipe Insulation and Associated Pipe Fittings	1,100 LF	x			
				Magnesia Pipe Insulation and Associated Pipe Fittings					
Basement Classroom 2			x	Mirror Glue Backing Behind Bar	150 SF	x			
Basement Boiler Room			x	Exterior Boiler Insulation Layer 1	150 SF	x			
			x	Exterior Boiler Insulation Layer 2		x			
Basement Boiler Room			x	Exhaust Breecing Insulation	250 SF	x			
Basement Boiler Room			x	Slop Sink Gasket	1 SF	x			

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2nd Floor Room 1			x	Green 9"x9" Floor Tile with Beige Streaks and Mastic Beneath Red 12"x12" Floor Tile	200 SF	x			
Basement Classroom 1 and Front Center Room			x	Dark Brown 9"x9" Floor Tile and Associated Mastic	1,400 SF	x			
Basement Kitchen			x	Green 12"x12" Floor Tile with White Streaks and Associated Mastic	310 SF	x			
Main Roof			x	Roof Flashing	450 SF	x			
Main Roof			x	Roof Vent Caulking	30 LF	x			
Basement Boiler Room			x	Interior Boiler Insulation	210 SF	x			
				Interior Boiler Door Insulation	25 SF				
				Door Gaskets	20 LF				
Basement Rear Exit & Boiler Room, 1st Floor Gym Exit Doors			x	Concealed Exterior Fire Exit Door Insulation 4 Doors	84 SF	x			
Chimney Interior			x	Interior Chimney Lining Insulation	480 SF	x			
Throughtout Bldg			x	Concealed Electrical Cloth Wiring Insulation	2,000 LF	x			
Bathroom & Storage Rooms			x	Subfloor Waterproofing Mastic	580 SF	x			
Roof 3			x	Concealed Roof Flashing Beneath Rubber Membrane	120 SF	x			
SERVICE GARAGE BUILDING									
East Side of Roof			x	Cap Flashing Roof Cement	50 LF	x			
Roof Vent			x	Roofing Cement Type 1	4 SF	x			
Roof Vent			x	Roofing Cement Type 2	4 SF	x			
Kitchen & Shower Room			x	Black 9"x9" Floor Tile with White Streaks	200 SF	x			
Garage Office 2			x	Black Floor Tile Beneath Beige 12" Floor Tile	395 SF	x			
Office, Kitchen & Bathroom Areas			x	Joint Patch Compound	2,800 SF	x			
Building Exterior West Side			x	Exterior Door Caulking	40 LF	x			
West & South Side Exterior			x	Exterior Window Caulking	350 LF	x			
South & West Sides			x	Concealed Exterior Fire Exit Door Insulation 2 Doors	42 SF	x			
Throughout Bldg Interior			x	Concealed Electrical Cloth Wiring Insulation	200 SF	x			
SHED BUILDING									
Shed Roof			x	Transite	100 SF	x			

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

Check # 1514

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) Robert Struzik							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton NJ 07860							
		Name of Contact Robert Struzik							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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]									
City (5) Newton	Square Feet 1,200+	# of Floors 2+	Bldg. Age 50+						
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
Street Address		Street Address 205 Route 46 Suite 7a							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 8/26/2016	Scheduled Completion Date (11) 8/26/2016	Name of OSHA Monitor Envirovision Consultants 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>Normal Working Hours</u>		Street Address 20-21 Wagaraw Rd, Bldg 35E							
		City, State, Zip Code Fair Lawn NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic-Furnace			x	Thermal System Insulation	25 SF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa NJ 07512		Disposal Date TBD		City, State Tullytown PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 8/25/2016			

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

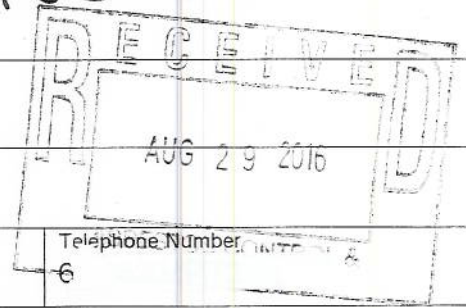
Check# 0393

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) c/o The Coli Group Ltd							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Sears Drive							
		City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Jan Coli	Telephone Number AUG 26 2016						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned 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 40 Joan Pl		Square Feet 2000	# of Floors 2						
City (5) Haledon		Bldg. Age 50+							
County (6) Passaic	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. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 9/3/16	Scheduled Completion Date (11) 9/10/16	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	120 LF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Riverdale, NJ		Disposal Date TBD		City, State TBD					
Completed by Tina Caporino		Title Secretary	Signature Tina Caporino			Date 8/25/16			

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

NO CK Ch #

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) NJ DOT	
Agencies Notified <input 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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> emergency <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave.	
		City, State, Zip Code Trenton, NJ 08625-0600	
		Name of Contact Anthony Pellegrino	Telephone Number 6



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Netcong NJ DOT Maintenance Yard – Office/Shop Bldg			Type of Facility (4) <input 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 90 Route 183			Square Feet 6000	# of Floors 1	Bldg. Age ~55
City (5) Netcong, NJ 07857	County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Maintenance facility		
Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 120 N. Warren St.			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 8/10/16	Sched. Completion Date (11) 9/22/16		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			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	E	E	N	E
throughout		x		Pipe insulation	350 LF	x				
throughout		x		Floor tile mastic	5100 SF	x				
Boiler room	x			Tank insulation	175 SF	X				
throughout		x		Ceiling tile	4500 SF	x				
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 60	Name of Registered Landfill Alliance Landfill					
City, State Pine Brook, NJ		Disposal Date 9/21/16		City, State Taylor, PA						
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 			Date 8/23/16			

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

Check # 0394

Date of Notification (1) 8/25/16		Name of Building Owner/Operator (2) c/o The Coli Group Ltd							
Agencies Notified	Type Notification	Street Address 1 Sears Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Jan Coli	Telephone Number 201 261-1234						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 944 Belmont Ave		Square Feet 5000	# of Floors 2						
City (5) Haledon		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc							
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973.460.6026	License No. 01255						
Start Date (10) 9/5/16	Scheduled Completion Date (11) 9/25/16	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
Ground Floor			x	VAT	100 SF	x			
Exterior			x	Roof Flashing	2,000 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Riverdale, NJ			Disposal Date TBD	City, State TBD					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 8/25/16			