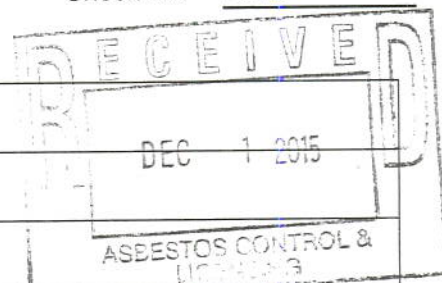


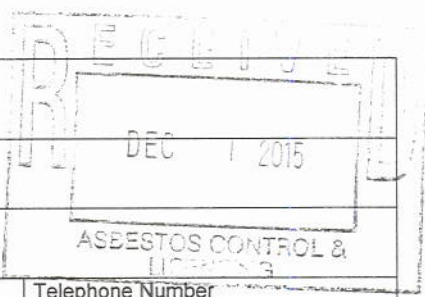
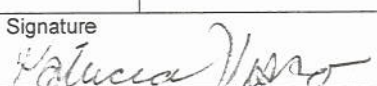
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12-120)

Check No. **2913**



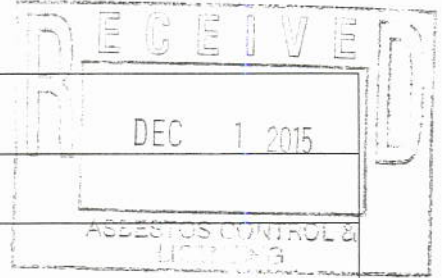
Date of Notification (1) <b>November 20, 2015</b>		Name of Building Owner/Operator (2) <b>Passaic Family Head Start, Inc.</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not required per State Reg. 10-20.4)</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>68-72 Third Street</b> City, State, Zip Code <b>Passaic, NJ 07055</b> Name of Contact <b>Dr. Ramos</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Passaic, NJ 07055</b>		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 <b>68-72 Third Street</b>								
City (5) <b>Passaic, NJ 07055</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b> Bldg. Age <b>1925</b>					
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Education</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>					
Street Address <b>201 Stuyvesant Avneue</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Stephen Pharai</b>		Telephone No. <b>201-673-0064</b>	Telephone No. <b>973-478-4681</b> License No. <b>00120</b>					
Start Date (10) <b>December 04, 2015</b>	Scheduled Completion Date (11) <b>December 13, 2015</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement Boiler Room	<input checked="" type="checkbox"/>			Thermal Systems Insulation	4 In ft	<input checked="" type="checkbox"/>		
Basement Boiler Room	<input checked="" type="checkbox"/>			Thermal Systems Insulation	24 sq ft		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695 / 2A456</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>			Disposal Date <b>12/07/2015 - 12/11/2015</b>	City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>		Title <b>Safety Officer</b>	Signature 			Date <b>11/20/2015</b>		

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

Date of Notification (1) <b>11 / 30 / 15</b>		Name of Building Owner/Operator (2) <b>St Lukes University Health Network</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>185 Roseberry St</b>							
		City, State, Zip Code <b>Phillipsburg NJ 08865</b>							
		Name of Contact <b>Ted Ruhf</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St Lukes Warren Hospital</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>185 Roseberry St</b>									
City (5) <b>Phillipsburg</b>				Square Feet <b>200,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>50+</b>					
County (6) <b>Warren</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion</b>		ASCM No.		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address <b>3370 Progress Drive Suite J</b>				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
City, State, Zip Code <b>Bensalem, PA 19020</b>				City, State, Zip Code <b>Spring House, PA 19477</b>					
Project Manager for Monitoring Firm <b>Steve Vena</b>		Telephone No. <b>215 244 0033</b>		Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>				
Start Date (10) <b>12 / 9 / 15</b>		Scheduled Completion Date (11) <b>12 / 31 / 15</b>		Name of OSHA Monitor <b>CES</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> PM- AM				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
				City, State, Zip Code <b>Spring House, PA 19477</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Tile and Mastic</b>	<b>1600</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Linolium</b>	<b>1600</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Flr, Dirctor, Out Patient, Finance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Gray Tile &amp; Black Mastic</b>	<b>900</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Geppert Recycling</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Western Berks Communtiy Landfill</b>				
City, State <b>Hatfield, PA</b>				Disposal Date <b>1/30/16</b>	City, State <b>Birdsboro, PA 19508</b>				
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature 		Date <b>11/30/15</b>			



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



Date of Notification (1) <b>11 / 30 / 15</b>		Name of Building Owner/Operator (2) <b>IMC Construction Inc</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3 Great Valley Parkway Suite 200</b>							
		City, State, Zip Code <b>Malvern, PA 19355</b>							
		Name of Contact <b>Kevin Sherman</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Shoppes at Riverside Mall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>309 Hackensack Ave</b>		Square Feet	# of Floors						
City (5) <b>Hackensack</b>		Bldg. Age							
County (6) <b>Bergen</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>						
Start Date (10) <b>11 / 30 / 15</b>	Scheduled Completion Date (11) <b>1 / 30 / 16</b>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>6:00AM-5:30PM</b> / ____ PM - ____ AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NF Waterproof Tar Paper	6161 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 <b>Environmental Transport Group, Inc.</b>		NJDEP Waste Hauler ID No. <b>15532</b>	Cubic Yards of Waste <b>120</b>	Name of Registered Landfill <b>Grand Central Sanitation</b>					
City, State <b>Flanders, NJ 07836</b>		Disposal Date <b>1/30/16</b>	City, State <b>Penn Argyl, PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>11/30/15</b>						

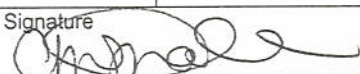
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 27, 2015		Name of Building Owner/Operator (2) JoEllen Smith		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  Check # 2586  DEC 1 2015  ASBESTOS CONTROL </div>	
Agencies Notified	Type Notification	Street Address 100 Woodside Drive			
<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 Middletown, NJ 07701  Name of Contact JoEllen Smith			
		Telephone Number _____			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Smith Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 Woodside Drive		Square Feet 2,000	# of Floors 3
City (5) Middletown		Bldg. Age 85	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental 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 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) December 10, 2015	Scheduled Completion Date (11) December 12, 2015	Name of OSHA Monitor EMSL 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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

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

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

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ	Disposal Date 12/12/2015	City, State Newburg, PA	
Completed by Christina Lynch	Title Operations Manager	Signature 	Date 11/27/2015

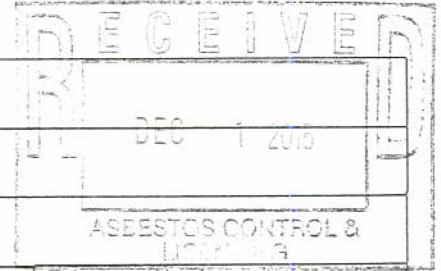


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>11/23/15</b>		Name of Building Owner/Operator (2) <b>JOYCE SPELLMAN</b>		RECEIVED DEC 1 2015						
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 <b>154 DIVISION AVE</b> City, State, Zip Code <b>MILLINGTON, NJ, 07946</b> Name of Contact <b>JOYCE SPELLMAN</b> Telephone Number _____						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>SPELLMAN'S HOME</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>154 DIVISION AVE.</b>				Square Feet <b>2000</b>						
City (5) <b>MILLINGTON</b>				# of Floors <b>1</b>						
County (6) <b>MORRIS</b>				Bldg. Age <b>1951</b>						
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) <b>ASBESTOS ROBOTICS div of INDIAN ARROW</b>					
Street Address			Street Address <b>144 MILL ST.</b>		City, State, Zip Code <b>PATERSON, NJ, 07501</b>					
City, State, Zip Code			Telephone No. <b>973 6534652</b>		License No. <b>1257</b>					
Project Manager for Monitoring Firm			Telephone No.		Name of OSHA Monitor <b>GORAN IGEV</b>					
Start Date (10) <b>12/04/15</b>			Scheduled Completion Date (11) <b>12/18/15</b>		Street Address <b>144 MILL ST.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code <b>PATERSON NJ, 07501</b>		Amount (Specify SF or LF) <b>1805F</b>					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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				
						Removal	Repair	Encapsulate	Enclosure	
BASEMENT		Yes	No	N/A						
			✓							
Name of Registered Waste Hauler <b>ATLANTIC CARTING / ASBESTOS ROBOTICS</b>		NJDEP Waste Hauler ID No. <b>26085/363</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>G. R. O. W. S.</b>					
City, State <b>WAYNE, NJ</b>		City, State <b>PATERSON, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>MORRISVILLE, PA</b>					
Completed by <b>GORAN IGEV</b>		Title <b>SECRETARY</b>		Signature <i>[Signature]</i>			Date <b>11/23/15</b>			

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



Date of Notification (1) 10/20/2015		Name of Building Owner/Operator (2) ERA Queen City Realty							
Agencies Notified	Type Notification	Street Address 310 Park Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Scotch Plains NJ 07076							
		Name of Contact Bill Flag	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 444 Franklin Street		Square Feet 1650	# of Floors 2						
City (5) Elizabeth NJ		Bldg. Age +50							
County (6) Clerk County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 11/30/2015	Scheduled Completion Date (11) 12/11/2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 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 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
exterior			x	Shingles	2200SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 			Date 10/20/2015			



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

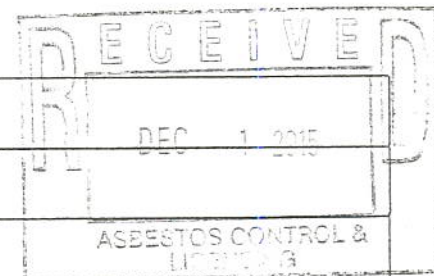


Date of Notification (1) <b>November 25, 2015</b>		Name of Building Owner/Operator (2) <b>Drew University</b>	
Agencies Notified	Notification Type	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<b>36 Madison Avenue</b>	<b>Madison, NJ</b>
		Name of Contact	Telephone Number
		<b>James Hall</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Drew University- Dining Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>36 Madison Avenue</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60</b> years	
City (5) <b>Madison</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates, Inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 Crosswicks Street</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Bordentown, NJ</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Michael Hoodak</b>	Telephone Number <b>609.298.5520</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 7, 2015</b>	Scheduled Completion Date (11) <b>January 15, 2016</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Occupied</b>		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<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) in Facility (13) <b>Dining Hall -Serving Area</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Spray On Fireproofing TSI</b>	Amount (Specify SF or LF) <b>2,000 sf 500 lf</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Repair			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>80</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561 NY DEP # Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Disposal Date <b>January 15, 2015</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784  9000 Minerva Road Waynesburg, OH
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>November 25, 2015</b>

GAC # 2015-538

CA 334

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



Date of Notification (1) 11/3/2015		Name of Building Owner/Operator (2) Private Property							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 529 Route 9  City, State, Zip Code Beachwood NJ  Name of Contact Phil Sabatino  Telephone Number						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 529 Route 9		Square Feet 4300	# of Floors 1						
City (5) Beachwood NJ		Bldg. Age +50							
County (6) Ocean County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877 License No. 01240						
Start Date (10) 10/12/2015	Scheduled Completion Date (11) 11/13/2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West  City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attachment						x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill				
City, State Po Box 5670 Newark NJ 07105				Disposal Date	City, State 2335 Applebutter rd Bethlehem PA				
Completed by Carlos Gomes		Title President		Signature 		Date 11/3/2015			



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) <b>November 23, 2015</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>467 Franklin Street</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
Name of Contact <b>Jack Mc Grane</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>2,000</b> # of Floors: <b>2</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>58 Spruce Street</b>		Current Use (prior if being demolished): <b>Offices</b>	
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision, inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 19, 2015</b>		Scheduled Completion Date (11) <b>December 27, 2015</b>	
Name of OSHA Monitor <b>EMSL Inc.</b>		Street Address <b>1056 Stelton Road</b>	
Occupancy Status During Abatement (Check only one) <b>Facility Closed/Vacated During Entire Period of Abatement</b> Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>12/19/15 Start Time at 5pm</b> <b>Every day after start at 7am</b>		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Tent /Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Computer Lounge</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Asbestos Textured Paint</b>	Amount (Specify SF or LF) <b>470 SF</b>
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		Disposal Date <b>December 24, 2015</b>	City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>November 23, 2015</b>

GAC # 2015-536- Amendment # 1- New Start & Completion Dates

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

check # 11920

GAC Project # 060-15

<u>Date of Notification (1)</u> <b>November 23, 2015</b>				<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>			
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>			
				<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>			
				<u>Name of Contact</u> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		<u>Telephone Number</u>	
<b>FACILITY INFORMATION</b>							
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>NJ HALL, BLDG# 3014</b>				<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 80+ years			
<u>Street Address</u> <b>COLLEGE AVENUE CAMPUS</b>							
<u>City (5)</u> <b>NEW BRUNSWICK</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7)</u> (State Use Only)		<u>Current Use (prior if being demolished):</u> ACADEMIC			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>Cardno ATC</b>			<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>			
<u>Street Address</u> <b>3 TERRI LANE</b>				<u>Street Address</u> <b>268 MAIN STREET</b>			
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>				<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>			
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>		<u>Telephone Number</u> <b>609-386-8800</b>		<u>Telephone Number</u> <b>973-492-0477</b>		<u>License Number</u> <b>00840</b>	
<u>Scheduled Start Date (10)</u> <b>12/11/15</b>		<u>Scheduled Completion Date (11)</u> <b>12/14/15</b>		<u>Name of OSHA Monitor</u> <b>1 ENVIROVISION, INC.</b>			
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>				<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>			
				<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>			
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>							
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Rooms 202</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>VAT</b>		<u>Amount (Specify SF or LF)</u> <b>1300 SF</b>	<u>Abatement Type</u> Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/>		
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>		<u>Cubic Yards of Waste:</u> <b>15 CY</b>		<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>	
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 28969				<u>Disposal Date</u> <b>12/14/15</b>		<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, PA 19067</b> 215-736-1700	
<u>Hauler #2) Newark Carting, Inc., Newark, NJ</u> NJ DEP # 04509							
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>		<u>Title</u> <b>SENIOR PROJECT MANAGER</b>		<u>Signature</u> <i>Raymond C. Pedalino</i>		<u>Date</u> <b>November 23, 2015</b>	



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) <b>November 23, 2015</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>467 Franklin Street</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
Name of Contact <b>Jack Mc Grane</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>2,000</b> # of Floors: <b>2</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>58 Spruce Street</b>		Current Use (prior if being demolished): <b>Offices</b>	
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision, inc.</b>		ASCM No.	
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 15, 2015</b>		Scheduled Completion Date (11) <b>December 24, 2015</b>	
Occupancy Status During Abatement (Check only one) <b>Facility Closed/Vacated During Entire Period of Abatement</b> Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor <b>EMSL Inc.</b>	
		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Tent /Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Computer Lounge</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Asbestos Textured Paint</b>	Amount (Specify SF or LF) <b>470 SF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		Disposal Date <b>December 24, 2015</b>	City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>November 23, 2015</b>

GAC # 2015-536

OK 332

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



Date of Notification (1) 10/20/2015		Name of Building Owner/Operator (2) ERA Queen City Realty							
Agencies Notified	Type Notification	Street Address 310 Park Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Scotch Plains NJ 07076							
		Name of Contact Bill Flag	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 444 Franklin Street		<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) Elizabeth NJ		Square Feet 1650	# of Floors 2						
		Bldg. Age +50							
County (6) Clerk County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 11/30/2015	Scheduled Completion Date (11) 12/11/2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 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 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) <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
Interior/kitchen			X	walls plaster	450SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 			Date 10/10/2015			



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



Date of Notification (1) <b>November 25, 2015</b>		Name of Building Owner/Operator (2) <b>EHM Builders</b>	
Agencies Notified	Type of Notification	Street Address <b>25A Crocus Lane</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Whiting, NJ 08759</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <b>Sam Reynolds</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Kingston School</b>			Type of Facility (4)		
Street Address <b>25 Laurel Avenue</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City <b>Kingston</b>	County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Square feet <b>10,000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>100</b>
			Current Use (Prior if being demolished) <b>Former School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>11/27/15</b>		Scheduled Completion Date (11) <b>12/4/15</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Cafeteria storage room		X		Asbestos pipe insulation	30 lf	X			
Tunnel		X		Breeching insulation	150 sf	X			
Tunnel		X		Pipe insulation	200 lf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>12/7/15</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>11/25/2015</b>

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

MO#23037712514

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

Date of Notification (1) 11 / 27 / 15		Name of Building Owner/Operator (2) Nancy Faulks		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  DEC 1 2015  ASBESTOS CONTROL  1103-103 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 216 East 6th Avenue							
City, State, Zip Code Roselle, NJ 07203		Name of Contact Nancy Faulks							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 216 East 6th Avenue				Square Feet	Bldg. Age				
City (5) Roselle, NJ 07203				# of Floors					
County (6) Union		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) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127					
Start Date (10) 12 / 07 / 15		Scheduled Completion Date (11) 12 / 08 / 15		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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, 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 type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 11/27/2015			



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

**NO CK**

Date of Notification (1) November 25th, 2015		Name of Building Owner/Operator (2) City of Clifton		<div style="border: 1px solid black; padding: 5px; text-align: center;"> DECEMBER 1 2015  ASBESTOS CONTROL </div>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Clifton Ave.  City, State, Zip Code Clifton, New Jersey 07013  Name of Contact Michael Lardner					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) City of Clifton				Type of Facility (4)					
Street Address 1232 Main Street				<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.)					
City (5) Clifton,				Square Feet 9000	# of Floors 2				
County (6) Passaic				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Recreation Center				
Name of Monitoring Firm Hired by Building Owner (8) EHI, INC,			ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 655 West Shore Trail			Street Address 164 Getty Ave.						
City, State, Zip Code Sparta, New Jersey 07871			City, State, Zip Code Clifton, New Jersey 07011-1802						
Project Manager for Monitoring Firm Mr. Bill Kerbel			Telephone No. 973-729-5649	Telephone No. 973-478-4848	License No. 00724				
Start Date (10) 12/7/15		Scheduled Completion Date (11) 12/31/15		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.					
<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: Mnday-Friday 7:00am-3:30pm				City, State, Zip Code Clifton, New Jersey 07011-1802					
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	x			Pipe Insulation & Fitting	271LF	x			
Boiler Room	x			Boiler Breeching	26SF	x			
Basement Boiler Room	x			Boiler Gasket	4LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.			NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date TBD	City, State Morrisville, Pa				
Completed by Vivian D. Jurcevic			Title Office Manager	Signature <i>Vivian D. Jurcevic</i>		Date 11/25/15			





Amendment #1  
NOCK

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

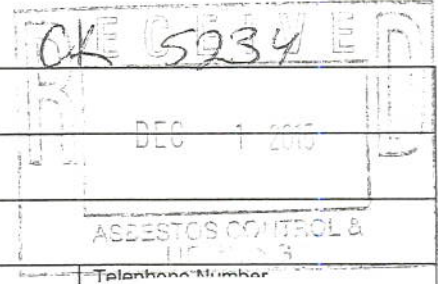
DEC 1 2015

Date of Notification (1) Nov 16, 2015		Name of Building Owner/Operator (2) Berkeley Redevelopment LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Frank Sellinger	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Beachwood Plaza Mall		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 46 US Rt9 (Atlantic City Boulevard)		Square Feet 160,000	# of Floors 1						
City (5) Berkeley		Bldg. Age 55							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) former shopping plaza							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) DAS Industrial, LLC							
Street Address N/A		Street Address 21 Pine Street, Suite 112							
City, State, Zip Code N/A		City, State, Zip Code Rockaway, NJ 07866							
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 973-794-3618	License No. 01280						
Start Date (10) Dec. 7 2015	Scheduled Completion Date (11) Jan 30, 2016	Name of OSHA Monitor DAS Industrial, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 21 Pine Street, Suite 112							
		City, State, Zip Code Rockaway, NJ 07866							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Shopping Plaza Stores			X	Roofing & Roof Flashing Material	85,000 sf	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 400	Name of Registered Landfill G.R.O.W.S					
City, State Newark, New Jersey		Disposal Date Dec 3 2015		City, State Morrisville, PA					
Completed by Vincent Manganiello		Title President	Signature <i>V. Manganiello</i>		Date 11/16/15				

CHANGE OF START DATE

Emergency

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

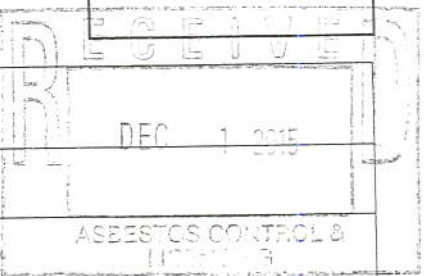
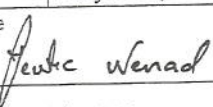


Date of Notification (1) 11/26/15		Name of Building Owner/Operator (2) Francis Adair Private Home							
Agencies Notified	Type Notification	Street Address 6556 Rogers Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken, NJ 08109							
		Name of Contact Tom							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Francis Adair Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6556 Rogers Avenue		Square Feet 1000+	# of Floors 2						
City (5) Pennsauken, NJ 08109		Bldg. Age 35+							
County (6) camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/30/15	Scheduled Completion Date (11) 12/2/15	Name of OSHA Monitor Same							
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: Home owner will be Home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile / mastic	650 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 12/2/15	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature			Date 11/26/15			



MO#23037713831

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

Date of Notification (1) 11 / 28 / 15		Name of Building Owner/Operator (2) Pauline Caroll							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 19 Princeton Place			
		City, State, Zip Code Glen Rock, NJ 07452				Name of Contact Pauline Caroll			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 19 Princeton Place				Square Feet					
City (5) Glen Rock, NJ 07452				# 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)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		License No. 01127					
Start Date (10) 12 / 08 / 15		Scheduled Completion Date (11) 12 / 09 / 15		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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> > 160 sf or >260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 			Date 11/28/2015		