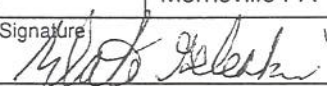


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/4/2015		Name of Building Owner/Operator (2) New Jersey Turnpike		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED 2015 DEC 10 AM 10:53 ASBESTOS CONTROL & LICENSING </div>		
Agencies Notified	Type Notification	Street Address 581 Main St				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge NJ				
		Name of Contact Bob Womelsdorf		Telephone Number _____		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Interchange 11-Phase II				Type of Facility (4)		
Street Address Mile Post 91.3				<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) Elizabeth				Square Feet	# of Floor	
County (6)				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants			ASCM No. 00057	Name of Abatement Contractor (9) Academy Construction Inc		
Street Address P O Box 385			Street Address 205 Route 46 West			
City, State, Zip Code Oceanville NJ			City, State, Zip Code Totowa NJ 07512			
Project Manager for Monitoring Firm John Smoyer			Telephone No. 609 652 1833	Telephone No. 973 832 4244	Licenses No. 011 5	
Start Date (10) 12/16/2015		Scheduled Completion Date (11) 12/31/2015		Name of OSHA Monitor Same as above		
Occupancy Status During Abatement (Check Only One)				Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code		
Scope of Work (Check All That Apply)						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	
		Yes	No			N/A
Boiler Room				X	Pipe Insulation	12 LF
Name of Registered Waste Hauler Academy Construction			NJDEP Waste Hauler ID No. 00334422	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill	
City, State Totowa			Disposal Date TBD		City, State Morrisville PA	
Completed by Zlate Geleski		Title VP		Signature 		
					Date 12/4/2015	

CK 1640

Print Form

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

RECEIVED
DEC 10 AM 10:53
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 12/4/2015		Name of Building Owner/Operator (2) New Jersey Turnpike							
Agencies Notified	Type Notification	Street Address 581 Main St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge NJ							
		Name of Contact Bob Womelsdorf	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Interchange 8a-Phase II		Type of Facility (4)							
Street Address Mile Post 73.7		<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) Janesburg		Square Feet	# of Floor						
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants		ASCM No. 00057	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address P O Box 385		Street Address 205 Route 46 West							
City, State, Zip Code Oceanville NJ		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609 652 1833	Telephone No. 973 832 4244						
Start Date (10) 12/16/2015		Scheduled Completion Date (11) 12/31/2015	Licence No. 01155						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted 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 fittings	29 LF	X		X	
Name of Registered Waste Hauler Academy Construction		NJDEP Waste Hauler ID No. 00334422	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill		fill			
City, State Totowa		Disposal Date TBD		City, State Morrisville PA					
Completed by Zlate Geleski		Title VP	Signature <i>Zlate Geleski</i>		Date 12/4/2015				

CK 14051

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

Date of Notification (1) NOV. 30, 2015		Name of Building Owner/Operator (2) COLTS NECK REFORMED CHURCH	
Agencies Notified	Type Notification	Street Address 72 HIGHWAY 37 WEST	
<input 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code COLTS NECK, NJ 07722	
		Name of Contact STACEY SAVAGE	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COLTS NECK REFORMED CHURCH		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 72 HIGHWAY 37 WEST		Square Feet 3500 SF	# of Floors 2
City (5) COLTS NECK		Bldg. Age 1950	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) CHURCH	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.
Street Address		Street Address 17 Thompson Street	
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07724	
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. C 0040
Start Date (10) 12/16/15	Scheduled Completion Date (11) 12/18/15	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input 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)
	Yes	No	
Boiler Room	X		TSI
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste .5
City, State West Long Branch, NJ 07764		Disposal Date 12/18/15	Name of Registered Landfill TRRF Landfill
Completed by Joseph P. Miller		Title President	Signature <i>Joseph P. Miller</i>
		Date 11/30/15	

RECEIVED

DEC 10 AM 10:54

ASBESTOS CONTROL
SENSING

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED
2015 DEC 10 AM 10:54
ASBESTOS CONTROLS
& LICENSING

Date of Notification (1) December 3, 2015		Name of Building Owner/Operator (2) Glenn Wisniewski	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 78 Graham Terrace		City, State, Zip Code Saddle Brook, NJ 07663	
City (5) Saddle Brook		County (6) Bergen	
County Code (7) (State Use Only)		Name of Contact Glenn Wisniewski	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 78 Graham Terrace		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50+ years	
City (5) Saddle Brook		County (6) Bergen	
County Code (7) (State Use Only)		Current Use (prior if being demolished): Residence	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision, inc		ASCM No.	
Street Address 20-21 Wagaraw Road, Bldg # 35E		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Butler, NJ 07405	
Telephone Number 973-636-9145		Telephone Number 973-492-0477	
Scheduled Start Date (10) December 5, 2015		Scheduled Completion Date (11) December 6, 2015	
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: Vacant		Name of OSHA Monitor EMSL Inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Street Address 1056 Stelton Road	
Location of Asbestos-Containing Material (ACM) in Facility (13) 1st Floor		City, State, Zip Code Piscataway, NJ 08854	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT /Linoleum & Mastic x 3 Layers	
Amount (Specify SF or LF) 450 sf		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 5		Name of Registered Landfill Meadowfill Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date December 6 2015	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) Marin Graure		Signature <i>Marin Graure</i>	
Title SENIOR PROJECT MANAGER		Date December 3, 2015	

Greenwood Project No. 2015-542

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


RECEIVED

Date of Notification (1) 11/16/15		Name of Building Owner/Operator (2) Joe Extreme Demolition		2015 DEC 10 AM 10:35	
Agencies Notified	Type Notification	Street Address 81 Mountain Ave.		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn, NJ 07041		Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Joe Extreme Demolition			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 81 Mountain Ave.			Square Feet	# of Floors	Bldg. Age
City (5) Millburn			Current Use (Prior if being demolished)		
County (6) Essex County		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement		
Street Address		Street Address 1009 87th Street Suite A4			
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-293-6305	License No. () 1223	
Start Date (10) 12/02/15	Scheduled Completion Date (11) 12/12/15		Name of OSHA Monitor HILMAMM CONSULTING LLC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1600 ROUTE EAST SUITE 107		
			City, State, Zip Code UNION NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 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)
	Yes	No	N/A		
Exterior				Siding	1,00 SF
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLAND HES COMMISSION	
City, State KENILWORTH, NJ		Disposal Date		City, State KEARNY, NJ	
Completed by Bryan Parra		Title Project Manager	Signature <i>Bryan Parra</i>		Date 11/16/15

Emergency

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

CR 5252

Date of Notification (1) 12/7/15		Name of Building Owner/Operator (2) Arthur Mrozek private home							
Agencies Notified	Type Notification	Street Address 12 Brown Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code lavallette NJ 08735							
		Name of Contact Brandon	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Arthur Mrozek 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 12 Brown Ave		Square Feet 700	# of Floors 1						
City (5) lavallette NJ 08735		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) detached Garage							
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. 0727						
Start Date (10) 12/8/15	Scheduled Completion Date (11) 12/11/15	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/11/15	City, State Morrisville PA		9067				
Completed by Anthony T Perna		Title President	Signature 		Date 12/7/15				

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

Check#2368

Date of Notification (1) 12 / 07 / 15		Name of Building Owner/Operator (2) John Bilas							
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 514 Brinley Avenue City, State, Zip Code Bradley Beach, NJ 07720 Name of Contact John Bilas							
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 and commercial buildings, homes, etc.)							
Street Address 514 Brinley Avenue		Square Feet	# of Floors						
City (5) Bradley Beach, NJ 07720		Bldg. Age							
County (6) Monmouth	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		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470						
Start Date (10) 12 / 17 / 15		Telephone No. 973-638-1777	License No. 01127						
Scheduled Completion Date (11) 12 / 18 / 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							
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 07410							
<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) 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 F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 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>Nevtic Wened</i>		Date 12/07/2015				

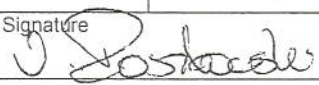
RECEIVED
2015 DEC 10 AM 10:58
ASBESTOS CONTROL & LICENSING

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

RECEIVED
2015 DEC 10 PM 1:27
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 12/01/2015		Name of Building Owner/Operator (2) Principal MRY Associates	
Agencies Notified	Type Notification	Street Address 355 Springfield Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
		Name of Contact Mark Yeager	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 29 EUCLID AVE		Square Feet	# of Floors
City (5) Summit		Bldg. Age	
County (6) Union County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Building	
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company, Inc.
Street Address 5434 King Avenue		Street Address 208 Piaget Avenue	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Tom Pruno		Telephone No. (856) 616-9516	Telephone No. (973) 2538-8828
Start Date (10) 12/02/2015		Scheduled Completion Date (11) 12/03/2015	License No. 00704
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor VMC Company, Inc.	
		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input 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)
	Yes	No	
KITCHEN			FLOOR TILE
BASEMENT			PIPE INSULATION
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Name of Registered Landfill IESI Landfill
City, State Newark, NJ		Disposal Date	City, State Bethlehem, PA
Completed by Marek Wasiak	Title Vice-President	Signature <i>Marek Wasiak</i>	Date 12/01/2015

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

Date of Notification (1) 11/25/2014		Name of Building Owner/Operator (2) City of Burlington BOE	
Agencies Notified	Type Notification	Street Address 518 Locust Avenue	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Burlington, NJ 08016	
		Name of Contact Mr. Jim Countryman	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 Blue Devil Way		Square Feet	# of Floors
City (5) Burlington		Bldg. Age	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) VMC Company, Inc.
Street Address PO Box 385		Street Address 208 Piaget Avenue	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-253-8828
Start Date (10) 12/23/2015		Scheduled Completion Date (11) 12/30/2015	Licens. No. 00704
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor VMC Company, Inc.	
		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Facility 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)
	Yes	No	
Metal Shop		x	
Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10y
City, State Freehold, NJ		Disposal Date	Name of Registered Landfill Western Berks Landfill
City, State Freehold, NJ		Disposal Date	City, State Birdsboro, PA
Completed by Voytek Roszkowski		Title President	Signature 
		Date 11/25/2015	

RECEIVED

2015 DEC 10 PM 1:27

ASBESTOS CONTROL & LICENSING

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

CK #24999

Date of Notification (1) <u>12/8/15</u>		Name of Building Owner/Operator (2) <u>Ahn</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>630 Princeton - Kingston Rd</u> City, State, Zip Code <u>Princeton, NJ 08540</u> Name of Contact <u>Tim Ahn</u> Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>630 Princeton - Kingston Rd.</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>70+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08101</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>12/23/15</u>	Scheduled Completion Date (11) <u>12/31/15</u>	Name of OSHA Monitor <u>DB Environmental</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 <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkeley Place</u> City, State, Zip Code <u>Freehold, NJ 07788</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Crawl Space</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROW</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/31/15</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>12/8/15</u>

RECEIVED
2015 DEC 10 PM 4:44
ASBESTOS CLERK
RDL

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

CK#25000

Date of Notification (1) <u>12/8/15</u>		Name of Building Owner/Operator (2) <u>Chambers Properties</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>20 Nassau Street</u>	
		City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Jeremiah Obert</u>	Telephone _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Retail Store</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>20 Nassau Street</u>		Square Feet <u>20000</u>	# of Floors <u>4</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>85+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>12/19/15</u>	Scheduled Completion Date (11) <u>1/31/16</u>	Name of OSHA Monitor <u>DB Environmental</u>	
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: <u>5pm to 1 am</u>		Street Address <u>4 Berkeley Place</u>	
		City, State, Zip Code <u>Freehold, NJ 07728</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)
	Yes	No	
<u>Red Onion Deli</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u> <u>45 lf</u>
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u> <u>10 lf</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/31/16</u>	Name of Registered Landfill <u>GROWING</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
			Date <u>12/8/15</u>

RECEIVED
 2015 DEC 10
 11:29
 ASBESTOS CONTROL

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;">12 / 7 / 15</div>		Name of Building Owner/Operator (2) Paterson Board of Education/ Job #1511-4967 Chec #7795							
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 201 Memorial Drive City, State, Zip Code Paterson, NJ 07501 Name of Contact Edward Schlauffer Telephone _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Side High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 150 Park Avenue		Square Feet	# of Floor						
City (5) Paterson, NJ 07501		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High 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	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) <div style="text-align: center;">12 / 24 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 29 / 15</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM working into Saturday and Sunday		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <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>									
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 L)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Room #204	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Layer Floor Tile & Mastic on Concrete	889 S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #213	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Layer Floor Tile & Mastic on Concrete	743 S	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 32	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 12/29/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature GMT		Date 12/7/15					