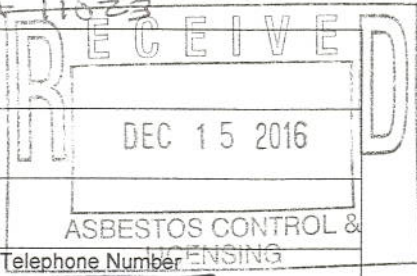


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 11073



Date of Notification (1) <u>12</u> / <u>14</u> / <u>16</u>		Name of Building Owner/Operator (2) Estate of Stanley W. Sipe	
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	Telephone Number _____
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Douglas G Sipe	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sipe Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	# of Floors 3
City (5) Union		Bldg. Age 75	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 215 542 7000
			License No. 00847
Start Date (10) <u>12</u> / <u>27</u> / <u>16</u>	Scheduled Completion Date (11) <u>12</u> / <u>28</u> / <u>16</u>	Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>7:00</u> PM/ ___PM-___AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

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

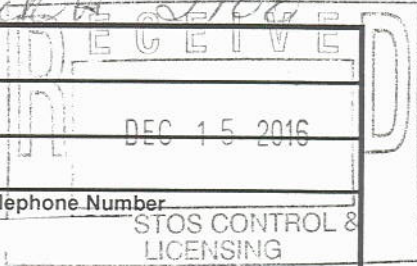
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & Fittings	30 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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill	
City, State Hatfield, PA		Disposal Date 12/30/2016		City, State Birdsboro, PA 19508	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 12/14/16	

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check 2788

Date of Notification (1) 12 / 14 / 16		Name of Building Owner / Operator (2) FLEET JAMES STREET LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 225 MILLBURN AVE City, State, Zip Code MILLBURN, NJ 07041	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact KRIS LUKOWITZ	
		Telephone Number STOS CONTROL & LICENSING	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15-17 JAMES STREET			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 bldgs., homes, etc.)		
Street Address 15-17 JAMES STREET			Square Feet 200,000		
City (5) NEWARK		County (6) ESSEX	County Code (7)	# Of Floors 4	Building Age 40 +
Name of Monitoring Firm Hired by Bldg. Owner (8) BIOTERRA ENVIRONMENTAL SOLUTIONS			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 1130 WEST CHESTNUT STREET			Street Address 32 Williams Parkway		
City, State, Zip Code UNION, NJ 07083			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm RICK EUSTAQUIO		Telephone Number 973-494-3762		License Number 00860	
Sched. Start Date (10) 12 / 26 / 16		Sched. Completion Date (11) 12 / 30 / 16		Telephone Number 973-884-8682	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: <u>MON - FRI - 7:00AM - 3:30PM</u>			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
SANCTUARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	20 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"/>

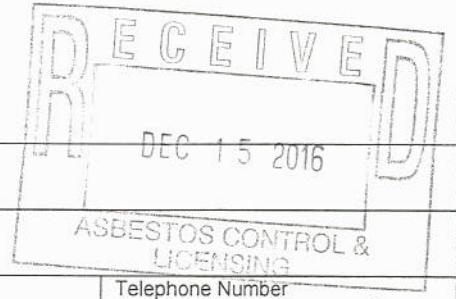
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State NEWARK, NJ	Disposal Date	City, State MORRISVILLE, PA	

Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 12/14/16
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CK# 7684

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

"OPEN NOTIFICATION"



Date of Notification (1) <i>12/14/2016</i>		Name of Building Owner/Operator (2) PSE&G	
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 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact <i>JOHN D'ANGELO</i>	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) <i>PSE&G</i>		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 <i>155 RAYMOND BLVD</i>		Square Feet <i>appx 2500</i>	# of Floors <i>2</i>
City (5) <i>NEWARK</i>		Bldg. Age <i>appx 92 yrs</i>	
County (6) <i>ESSEX</i>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <i>SWITCH STATION</i>	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) <i>12/29/16</i>	Scheduled Completion Date (11) <i>6/30/2017</i>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA
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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: <i>necessary operations only</i>	Street Address 396 WHITEHEAD AVE.
	City, State, Zip Code SOUTH RIVER, NJ 08882

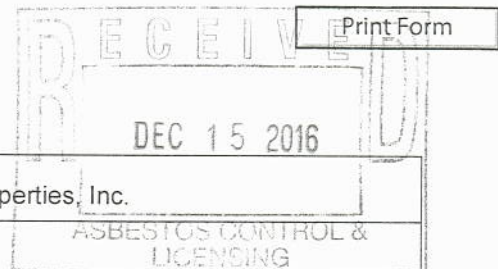
Scope of Work (Check All That Apply)		<input checked="" type="checkbox"/> WRAP + CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable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

Location of Asbestos-Containing Material (ACM) In Facility (13) <i>TO BE ABATED</i>	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) <i>252 LF</i>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>OUTSIDE VAULTS</i>		<input checked="" type="checkbox"/>		<i>WIRE SOCK</i>	<i>252 LF</i>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <i>appx 20</i>	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date <i>TBD</i>		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature <i>Carol Raimo</i>	Date	

Ch 5060

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



Date of Notification (1) 12/14/16		Name of Building Owner/Operator (2) DePetris Family, LLC c/o Legend Properties, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 580 W. Germantown Pike, Suite 103	
		City, State, Zip Code Plymouth Meeting, PA 19462	
		Name of Contact Steve DePetris	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The Village of Taunton Forge		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 208 Tuckerton Road		Square Feet 35,000	# of Floors 1
City (5) Medford		Bldg. Age 40	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC
Street Address 700 Turner Way, Suite 105		Street Address 407 W. Lincoln Hwy, suite 500	
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm David Turotsy		Telephone No. 610-322-0076	License No. 001161
Start Date (10) 1/3/17	Scheduled Completion Date (11) 1/20/17	Name of OSHA Monitor EMSL	
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	

Scope of Work (Check All That Apply)

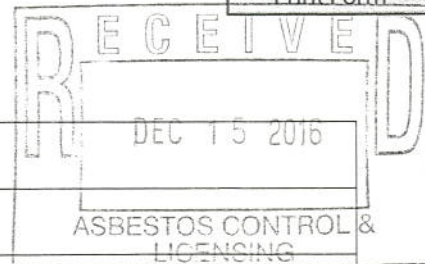
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) 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
Retail Area			X	Floor tile and mastic	19,000 SF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 60	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 12/14/16

Ch 1202

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



Date of Notification (1) 12-10-2016		Name of Building Owner/Operator (2) Laura Dorante	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Paterson NJ 07503	
		Name of Contact Laura Dorante	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRivate Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet n/A	# of Floors N/A
City (5) Caldwell NJ 07006		Bldg. Age N/A	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling	

Name of Monitoring Firm Hired by Building Owner (8) Bioterra Slution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC	
Street Address 1130 W Chestnut St		Street Address PO BOX 734		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298	License No. 01266

Start Date (10) 12-21-2016	Scheduled Completion Date (11) 12-23-2016	Name of OSHA Monitor Amax Contracting LLC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734		
		City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

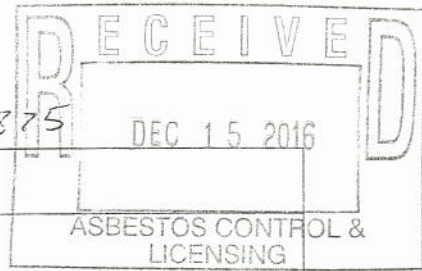
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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				PIPE INSULATION	20 LF	X			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 cy	Name of Registered Landfill Grows	
City, State Woodland Park NJ 07424		Disposal Date 01-05-2017		City, State Morrisville PA	
Completed by Tome Maslarkov	Title Project Manager	Signature 		Date 12-10-2016	

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

check 3875



Date of Notification (1) 12-12-2016		Name of Building Owner/Operator (2) B. RYAN	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	RIDGEWOOD, NJ 07450
		Name of Contact B. RYAN	Telephone Number

Name of Facility Where Abatement is Taking Place (3) B. RYAN		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) RIDGEWOOD	Square Feet 2400	# of Floors 2	Bldg. Age 80 YRS
County (6) BERGEN	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388

Start Date (10) 12-22-2016	Scheduled Completion Date (11) 12-23-2016	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street	
<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: 3AM 5 PM		City, State, Zip Code South Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

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

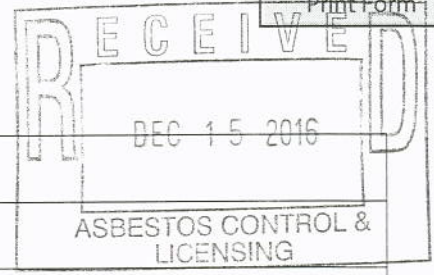
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 YD	Name of Registered Landfill Minverva Enterprises, LLC
City, State Hackensack, NJ 07601	Disposal Date 12-23-2016	City, State Waynesburg, OH 44688	
Completed by Robert Veldran	Title Estimator	Signature <i>R. Veldran</i>	Date 12-12-2016

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

MO 803767

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



Date of Notification (1) 12/09/2016		Name of Building Owner/Operator (2) Alla Murtechaly	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Alla Murtechaly	Telephone Number [REDACTED]

FACILITY INFORMATION

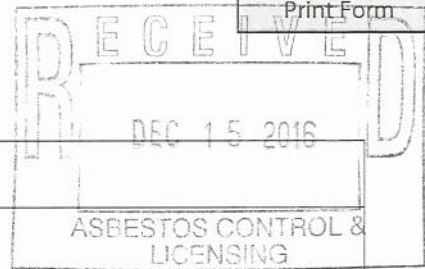
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Englewood		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 12/21/2016	Scheduled Completion Date (11) 12/22/2016	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input 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) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	120LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature 		Date 12/09/2016



MO 0877122632

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

Date of Notification (1) 12/09/2016		Name of Building Owner/Operator (2) Kristen Siefers	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Glen Ridge, NJ 07028	
		Name of Contact Kristen Siefers	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Glen Ridge		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311
Start Date (10) 12/22/2016		Scheduled Completion Date (11) 12/23/2016		Name of OSHA Monitor D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

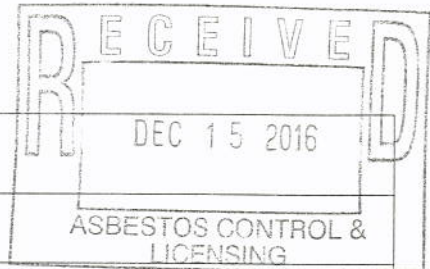
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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	18 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 		Date 12/09/2016

Ch 3580

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



Date of Notification (1) 12 / 12 / 16		Name of Building Owner/Operator (2) Mount Holly Township Public Schools	
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Levis Drive	
		City, State, Zip Code Mount Holly, NJ 08060	
		Name of Contact William Buffa	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Gertrude C. Folwell Elementary 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 455 Jacksonville Road		Square Feet 10,000	# of Floors 3
City (5) Mount Holly		Bldg. Age 80	
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) 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	Telephone No. 856-755-0099	License No. 00842

Start Date (10) 12 / 22 / 16	Scheduled Completion Date (11) 12 / 23 / 16	Name of OSHA Monitor EMSL Analytical, Inc.
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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/1:00PM-12:00AM	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

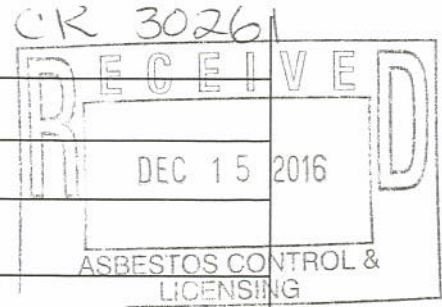
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
2 nd Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bulletin Board Adhesive	40 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 Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ	Disposal Date 12/23/16	City, State Newburg, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 12/22/16

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

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



Date of Notification (1) 12 / 9 /16		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOVARNICK	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN	Telephone Number 856-889-5182	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 12 / 23 /16 Month Day Year	Sched. Completion Date (11) 11 / 30 / 17 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105	Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 12/9/16

CK 9849

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

RECEIVED
 DEC 15 2016

Date of Notification (1) **12-13-16**

Name of Building Owner/Operator (2) **Township of Pemberton**

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Street Address **500 Pemberton-Browns Mills Rd**

City, State, Zip Code **Pemberton NJ 08068**

Name of Contact **Phil Sager**

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Single Family Dwelling**

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

Street Address [REDACTED]

Square Feet # of Floors Bldg. Age
 City (5) **Browns Mills NJ 08015** 1 70+-

County (6) **Burlington** County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) **Single Family Dwelling**

Name of Monitoring Firm Hired by Building Owner (8) **EPC Technologies** ASCM No. **N/A** Name of Abatement Contractor (9) **EPC Technologies Inc**

Street Address **P.O. Box 337**

City, State, Zip Code **New Egypt, NJ 08533** **New Egypt NJ 08533**

Project Manager for Monitoring Firm **Steve Schenker** Telephone No. **609 758-3365** Telephone No. **609 758-3365** License No. **00394**

Start Date (10) **12-23-16** Scheduled Completion Date (11) **12-30-16** Name of OSHA Monitor **EPC Technologies Inc**

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Street Address **P.O. Box 337**

City, State, Zip Code **New Egypt NJ 08533**

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-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
Middle Section of House		X		9x9 Brown Floor Tiles	300 SF	X			
Exterior			X	Siding Shingles	400 SF	X			

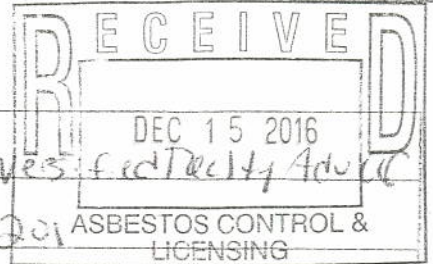
Name of Registered Waste Hauler **EPC Technologies** NJDEP Waste Hauler ID No. **17000** Cubic Yards of Waste **5** Name of Registered Landfill **Waste Management of PA**

City, State **New Egypt NJ** Disposal Date **by 12/30/16** City, State **Morrisville PA**

Completed by **Steve Schenker** Title **President** Signature **Steve Schenker** Date **12-13-16**

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

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



(K# 3055)

Date of Notification (1) 12/13/16		Name of Building Owner/Operator (2) Long Branch Partners LLC/D. Ves... Facility Adm...	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Manor Suite 201	City, State, Zip Code Mantoloking, New Jersey 07045
		Name of Contact Tony	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Long Branch Partners LLC 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 138 Union Ave	Square Feet 3000	# of Floors 2	Bldg. Age 55+
City (5) Long Branch	County Code (7) Morris	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc
Street Address	Street Address 95 Montrose Rd	City, State, Zip Code Colts Neck, New Jersey
City, State, Zip Code	Telephone No. 732 294 1757	License No. 00029

Start Date (10) 12/22/16	Scheduled Completion Date (11) 12/29/16	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-7PM		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chriss Landfill
City, State Colts Neck, New Jersey	Disposal Date 12/25/16	City, State Easton, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree	Date 12/13/16

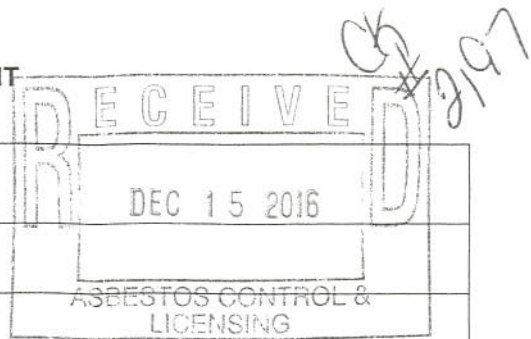
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>01</u> / <u>25</u> / <u>16</u>		Name of Building Owner/Operator (2) CDIP Paulsboro Summit, LLC					
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 checked="" type="checkbox"/> Amended Amendment # 4:11-28-16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Federal Street					
		City, State, Zip Code Camden, NJ 08103					
		Name of Contact George Coverdale, Jr.	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Paulsboro Plaza		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 545 west Broad Street Paulsboro, New Jersey 08066.		Square Feet 200,000Sf	# of Floors 1 Floors				
City (5) Paulsboro		Bldg. Age 80					
County (6) Glouster COUNTY	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Shopping Plaza					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Service	ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.					
Street Address 1805 Atlantic Ave		Street Address 14 Read Drive					
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Sicklerville, NJ 08081					
Project Manager for Monitoring Firm	Telephone No. 856-429-5200	Telephone No. 856-318-1341	License No. 01158				
Start Date (10) <u>02</u> / <u>04</u> / <u>16</u>	Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>17</u>	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 14 Read Drive					
		City, State, Zip Code Sicklerville, NJ 08081					
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"/> 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)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
Inside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 Graham-Tech Environmental Service, LLC	NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown				
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA				
Completed By (Print or Type) Vernice Graham	Title President	Signature 	Date 11-1-16				

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



Date of Notification (1) <u>12</u> / <u>6</u> / <u>16</u>		Name of Building Owner/Operator (2) Sharon Savino	
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 [REDACTED]	
		City, State, Zip Code Moorsetown, NJ 08057	
		Name of Contact Steven Dooling	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident		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 [REDACTED]		Square Feet 1200Sf	
City (5) Medford Lakes, NJ 08055		# of Floors 3 Floors	Bldg. Age 1936
County (6) Burlington COUNTY	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
Street Address		Street Address 14 Read Drive		
City, State, Zip Code		City, State, Zip Code Sicklerville, NJ 08081		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-318-1341	License No. 01158

Start Date (10) <u>12</u> / <u>16</u> / <u>16</u>	Scheduled Completion Date (11) <u>12</u> / <u>19</u> / <u>16</u>	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>11:30</u> PM/ _____PM- _____AM		Street Address 14 Read Drive		
		City, State, Zip Code Sicklerville, NJ 08081		

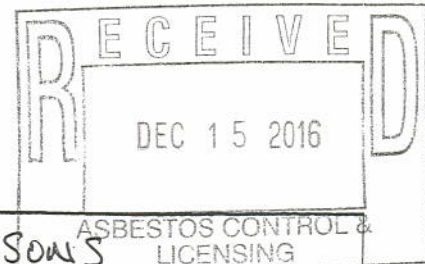
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	40SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>

Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown	
City, State 14 Read Drive Sicklerville, NJ 08081			Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA	
Completed By (Print or Type) Vernice Graham		Title President	Signature <i>Vernice Graham</i>		Date 12-6-16

CK # 4125



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

Date of Notification (1) <u>12-9-16</u>		Name of Building Owner/Operator (2) <u>W. J. HAND & SONS</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>5 HALLMAN RD</u>	
		City, State, Zip Code <u>STONE HARBOR N.J. 08243</u>	
		Name of Contact <u>BILL</u>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUXE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>12-19-16</u>	Scheduled Completion Date (11) <u>12-26-16</u>	Name of OSHA Monitor <u>N/A</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	
		City, State, Zip Code	

Scope of Work (Check all that apply)

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

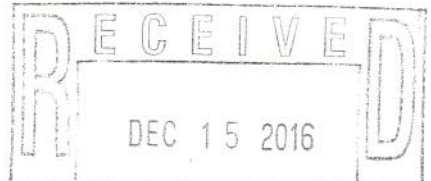
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>12-9-16</u>

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

CK4124

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



Date of Notification (1) <u>12-10-16</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION CONTROL & LICENSING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>VORIANIK</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>1</u>
City (5) <u>STONE HARBOR</u>		Bldg. Age <u>50+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>
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Street Address	Street Address <u>369 S. SPRUCE AVE</u>
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City, State, Zip Code	City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>
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Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
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Start Date (10) <u>12/21/16</u>	Scheduled Completion Date (11) <u>12/28/16</u>	Name of OSHA Monitor <u>N/A</u>
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
<u>SIDING</u>			<u>X</u>	<u>TIRAN SITE</u>	<u>2750 SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.-A.</u>
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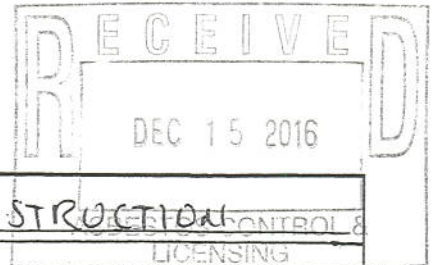
City, State <u>MAPLE SHADE N.J 08052</u>	Disposal Date	City, State <u>WOODBINE N.J</u>
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Completed By <u>MICHAEL KLUMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>12-10-16</u>
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* Do not use this form for asbestos licensure exempted activities.

CH4126

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



Date of Notification (1) <u>12-10-16</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>FORANIC</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 [REDACTED]			
City (5) <u>SEA ISLE CITY</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>

Start Date (10) <u>12-20-16</u>	Scheduled Completion Date (11) <u>12-27-16</u>	Name of OSHA Monitor <u>N/A</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	
		City, State, Zip Code	

Scope of Work (Check all that apply)

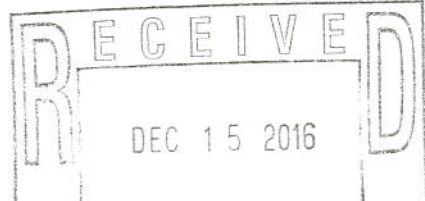
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1560 SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE N.J 08052</u>		Disposal Date	City, State <u>WOODBINE N.J</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>12-16-16</u>

CK4124

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



Date of Notification (1) <u>12-10-16</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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>155 RT 50</u>	
		City, State, Zip Code <u>GREENFIELD NJ 08230</u>	
		Name of Contact: <u>BRUCE</u>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 [REDACTED]					
City (5) <u>MARGATE CITY</u>			Square Feet <u>1500</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>		
Street Address		Street Address <u>369 S. SPROUCE AVE</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>	
Start Date (10) <u>12-20-16</u>		Scheduled Completion Date (11) <u>12-27-16</u>		Name of OSHA Monitor <u>N/A</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		
			City, State, Zip Code		

Scope of Work (Check all that apply)

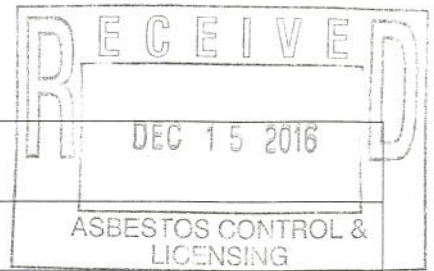
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250.00</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>ACUA</u>	
City, State <u>MAPLE SHADE N.J</u>			Disposal Date	City, State <u>PLEASANTVILLE</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>12-10-16</u>		

Check #
0914

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



Date of Notification (1) 12 / 12 / 16		Name of Building Owner/Operator (2) Mr. Henry Norwood	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Jersey City, NJ 07302	
		Name of Contact Mr. Sandy Dickinson	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		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 [REDACTED]			
City (5) Jersey City	Square Feet 2,200	# of Floors 2	Bldg. Age 80 + yrs.
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.	
Street Address		Street Address 494 East 41st Street	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-0022	License No. 00507

Start Date (10) 12 / 13 / 16	Scheduled Completion Date (11) 12 / 15 / 16	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM <input checked="" type="checkbox"/> unoccupied BASEMENT		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

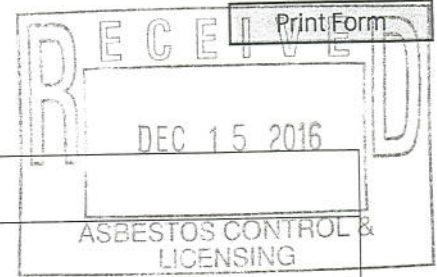
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 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 East Coast Haz Mat Removal, Inc.	NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., North W/M of PA
City, State Paterson, NJ		Disposal Date 12-15-16	City, State Morrisville, PA
Completed By (Print or Type) James Unger	Title Sr. Estimator/Project Mgr.	Signature 	Date 12-12-16

CK 1204

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



Date of Notification (1) 12-12-2016		Name of Building Owner/Operator (2) Edwin Lopez	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Nutley NJ 07110	
		Name of Contact Edwin Lopez	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRivate Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet n/A	# of Floors N/A	Bldg. Age N/A
City (5) Nutley NJ 07110	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Slution		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC	
Street Address 1130 W Chestnut St		Street Address PO BOX 734		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298	License No. 01266
Start Date (10) 12-28-2016	Scheduled Completion Date (11) 12-30-2016		Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734		
		City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

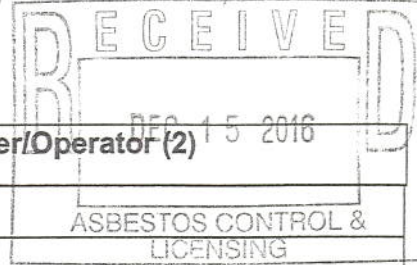
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement				PIPE INSULATION	20 LF	X				

Name of Registered Waste Hauler Amax Contracting LLC	NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 cy	Name of Registered Landfill Grows
City, State Woodland Park NJ 07424		Disposal Date 01-05-2017	City, State Morrisville PA
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 12-12-2016

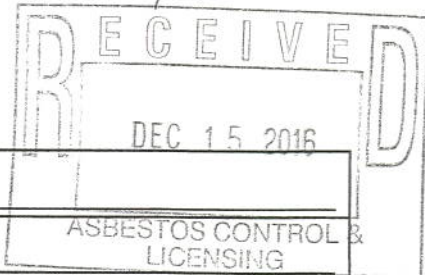
CHEW # 389

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



<u>Date of Notification (1)</u> 12/08/16		<u>Name of Building Owner/Operator (2)</u> Tilcon NY		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input type="checkbox"/> Initial notification <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency notification <input type="checkbox"/> Cancelled		<u>Street Address</u> 9 Entin Road	
			<u>City, State, Zip Code</u> Parsippany NJ 07054	
		<u>Name of Contact:</u> Tom Catanzaro		<u>Telephone Number</u>
FACILITY INFORMATION				
<u>Name of Facility Where Abatement is Taking Place (3)</u> Commercial Building			<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 9 Lackawanna Dr			Sf 2,000 Floors 1 .Age;30 Current Use (prior if being demolished) :	
<u>City (5)</u> Stanhope NJ 07874	<u>County (6)</u> Sussex	<u>County Code (7)</u> (State Use Only)		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> BL Contracting .Inc	
<u>Street Address</u>			<u>Street Address</u> 5 Marguerite Lane	
<u>City, State, Zip Cod</u>			<u>City State, Zip Code</u> Towaco 07082	
<u>Projec. Manager for Monitoring Firm</u>	<u>Telephone Number</u>		<u>Telephone Number</u> 973-901-0153	<u>License Number</u> 01265
<u>Scheduled Start Date (10)</u> 12/10/2017	<u>Scheduled Completion Date (11)</u> 12/12/17		<u>Name of OSHA Monitor</u> BL Contracting Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe:			<u>Street Address</u> 5 Marguerite Lane	
			<u>City, State, Zip Code</u> Towaco, NJ 07082	
<u>Source of Work (Check all that apply)</u>				
<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"/> Non Exempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Remove Repair Encap Enclose
Outside		Window Calking	900 SF	<input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> Waste Management of Pennsylvania	<u>NJDEP Waste Hauler ID #</u> 0036784	<u>Cubic Yards of Waste</u> 3	<u>Name of Registered Landfill</u> T.R.R.F	
			<u>Disposal Date</u> 12/13/17	<u>City, State</u> Tullytown, PA
<u>Completed by (Print or Type)</u> Nedo Vasilic	<u>Title</u> President	<u>Signature</u> <i>Nedo Vasilic</i>	<u>Date</u> 12/08/2016	

#1737



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

Date of Notification (1) <u>12/8/16</u>		Name of Building Owner/Operator (2) <u>Liz McKeage</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code <u>Brigantine, NJ</u>		Name of Contact <u>Ken Brummett</u>
			Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (s) <u>Brigantine, NJ</u>	Square Feet <u>2200</u>	# of Floors <u>2</u>	Bldg. Age <u>40 yrs</u>
County (6) <u>Atlantic</u>	County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Vacant</u>

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>	
Street Address	Street Address <u>361 E. Fleming Pike</u>		
City, State, Zip Code	City, State, Zip Code <u>Hammonton, NJ 08037</u>		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>

Start Date (10) <u>12/17/16</u>	Scheduled Completion Date (11) <u>12/23/16</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>361 E. Fleming Pike</u>	
<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 <u>Hammonton, NJ 08037</u>	

Scope of Work (Check all that apply)

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

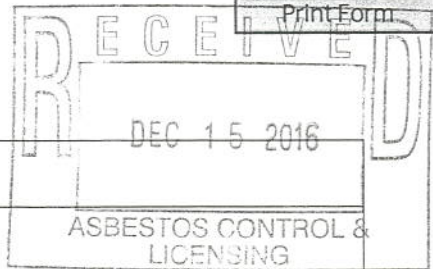
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Exterior			X	Transite	3000 SF	X			

Name of Registered Waste Hauler <u>AEi2, LLC</u>	NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>TBD</u>
City, State <u>Hammonton, NJ</u>	Disposal Date <u>TBD</u>	City, State <u>TBD</u>	
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	Date <u>12/8/16</u>

Ch 1200

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

Print Form



Date of Notification (1) 12-12-2016		Name of Building Owner/Operator (2) Patrick Healey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Caldwell NJ 07006	
		Name of Contact Patrick Healey	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRivate Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet n/A	# of Floors N/A
City (5) Caldwell NJ 07006		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Slution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC
Street Address 1130 W Chestnut St		Street Address PO BOX 734	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298
			License No. 01266
Start Date (10) 12-29-2016	Scheduled Completion Date (11) 12-30-2016	Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734	
		City, State, Zip Code Woodland Park NJ 07424	

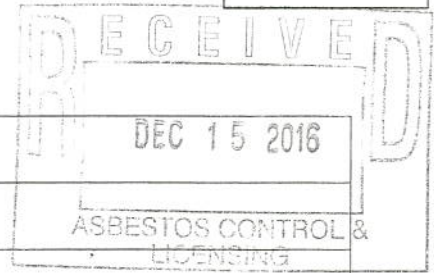
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				PIPE INSULATION	100 LF	X			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 3 cy	Name of Registered Landfill Grows	
City, State Woodland Park NJ 07424		Disposal Date 01-05-2017		City, State Morrisville PA	
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 12-12-2016

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



Ch 4700

Date of Notification (1) 12/13/2016		Name of Building Owner/Operator (2) Fairleigh Dickinson University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 River Road
			City, State, Zip Code Teaneck, NJ 07666
		Name of Contact Craig Gorczyca	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Becton Hall		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 1000 River Road		Square Feet	# of Floors
City (5) Teaneck		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) University	

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. 888-306-4545	Telephone No. 973-253-8828	License No. 00704

Start Date (10) 01/09/2017	Scheduled Completion Date (11) 01/20/2017	Name of OSHA Monitor VMC Company Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Theatre		x		Ceiling plaster	2,500 SF	x			
Theatre		x		Pipe/fitting insulation	20 LF	x			

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State Newark, NJ		Disposal Date	City, State Morrisville, PA
Completed by Voytek Roszkowski	Title President	Signature <i>Voytek Roszkowski</i>	Date 12/13/2016