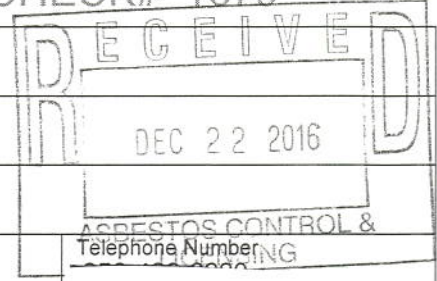


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CHECK# 1670



Date of Notification (1) 12/16/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052							
		Name of Contact MAUREEN WILLIAMS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 MAPLEWOOD DRIVE		Square Feet 800	# of Floors 1						
City (5) MAPLE SHADE		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	License No. 01145						
Start Date (10) 12/19/2016	Scheduled Completion Date (11) 12/21/2016	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: UNIT VACANT DURING REMOVAL		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
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) <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
11D IVY			X	JOINT COMPOUND	120 SF	X			
48C MAPLEWOOD			X	JOINT COMPOUND	120 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 10/27/2016	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 12/16/2016					

12/16/2016 12:48PM 18562248799

ASSURED SERVICES

PAGE 03/04

REMOVAL/ABATEMENT

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

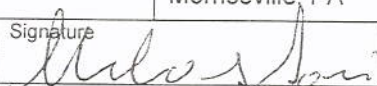
CHECK# 1670

Date of Notification (1) 12/16/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052							
		Name of Contact MAUREEN WILLIAMS	Telephone Number CONTROL ROOM						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 MAPLEWOOD DRIVE		Square Feet 800	# of Floors 1						
City (5) MAPLE SHADE		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08082							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 656-809-1202	Telephone No. 610-304-4676						
Start Date (10) 12/19/2016		Scheduled Completion Date (11) 12/21/2016	License No. 01145						
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other - Describe: UNIT VACANT DURING REMOVAL		Name of OSHA Monitor EMSL							
		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
☒ 23 sf or 23 lf ☐ ≥160 sf or ≥280 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Fragile 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	Endorsement
11D IVY			X	JOINT COMPOUND	120 SF	X			
48C MAPLEWOOD			X	JOINT COMPOUND	120 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 10/27/2016	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 12/16/2016					

CK 3884

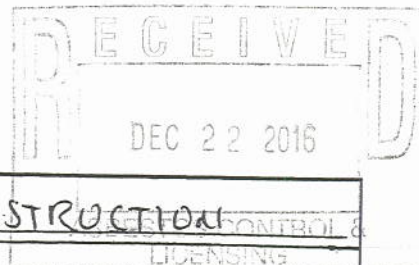
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
DEC 22 2016	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/19/2016		Name of Building Owner/Operator (2) Slava Grigorian							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Little Silver, NJ, 07739							
		Name of Contact Slava Grigorian	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address [REDACTED]		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Little Silver		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No. 00100	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address 1805 Atlantic Avenue		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No. 732-223-2225	Telephone No. 973-339-9735						
Start Date (10) 12/21/2016		Scheduled Completion Date (11) 12/22/2016	License No. 01034						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Savic Construction Corp							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
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) <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
Kitchen			X	linoleum	260 SF	x			
Basement			X	linoleum	100 SF	x			
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS					
City, State Totowa NJ		Disposal Date		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager		Signature 		Date 12/19/2016			

CK# 4129

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



Date of Notification (1) 12-17-16		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 300 77TH ST.	
		City, State, Zip Code SEA ISLE CITY N.J. 08243	
		Name of Contact FRANIC	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) SEA ISLE CITY		Square Feet 1500	# of Floors 1
		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC	
Street Address _____		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE N.J 08052	
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472	License No. 00444
Start Date (10) 12-28-16	Scheduled Completion Date (11) 1-5-16	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	

Scope of Work (Check all that apply)

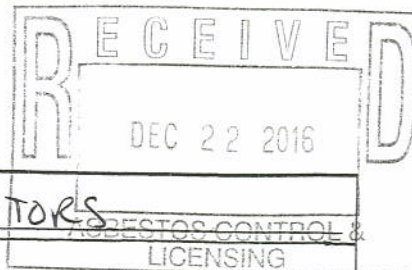
☐ ≥ 3 sf or ≥ 3 lf	☐ Renovation	☐ Full Containment with Negative Pressure
☒ ≥ 160 sf or ≥ 260 lf	☒ Demolition	☐ Mini-Enclosure
		☐ Glovebag Procedure
		☒ Non-Exempted (*) and Non-Friable Procedure

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
SIDING			X	TRIAW SITE	3000 SF	X			

Name of Registered Waste Hauler KLEMMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste _____	Name of Registered Landfill C.M.C.M.U.A.
City, State MAPLE SHADE N.J 08052		Disposal Date _____	City, State WOODBINE N.J
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 12-17-16

CK # 4129

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



Date of Notification (1) 12-17-16		Name of Building Owner/Operator (2) D. K. C CONTRACTORS	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 661 RT 9	
		City, State, Zip Code CAPE MAY N.J 08204	
		Name of Contact KIEL	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) STONE HARBOR		Square Feet 1500	# of Floors 2
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-779-0472
Start Date (10) 12-27-16		Scheduled Completion Date (11) 1-4-16	License No. 00444
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor N/A	
		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-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	
SIDING		X	TRANSITE
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3 yds
City, State MAPLE SHADE N.J		Disposal Date	Name of Registered Landfill C. M. C. M. V. A
			City, State WOODBINE
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 12-17-16

12/15/2016 11:25 2812628321

AMAC

PAGE 02/03

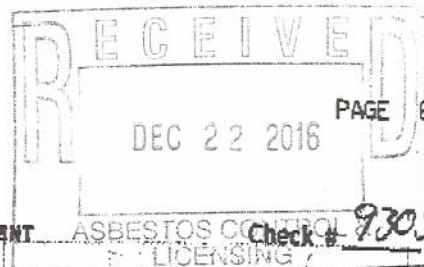
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

Check # 9303

Date of Notification (1) 12/15/16		Name of Building Owner/Operator (2) NOEL LOUE GROSS	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Street Address 715 RIVER ROAD		City, State, Zip Code PARAMUS, NJ 07652	
Name of Contact ROGER GROSS		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BINGHAMTON FERRY BOAT		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 715 RIVER ROAD		Square Feet 8,800	
City (5) EDGEWATER		# of Floors 1	
County (6) BERGEN		Bldg. Age 112	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) DEMO / BOAT	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.	
Telephone No.		Telephone No. 201-282-5841	
Start Date (10) 12/21/16		License No. 00156	
Scheduled Completion Date (11) 3/31/17		Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street	
Scope of Work (Check All That Apply) ☐ 20 sf or 23 ft ☒ 2160 sf or 2280 ft ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (C) and Non-Friable Procedure		City, State, Zip Code Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) ROOF		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 8,800 SF	
Abatement Type Removal Repair Encapsulate Enclose X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, N.J. 07105		Cubic Yards of Waste 120	
Disposal Date 12/16/16		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Pen Argyl, PA 08072			
Completed by R. McDonald		Title President	
Signature R. McDonald		Date 12/15/16	

12/16/2016 08:58 2012628321

AMAC

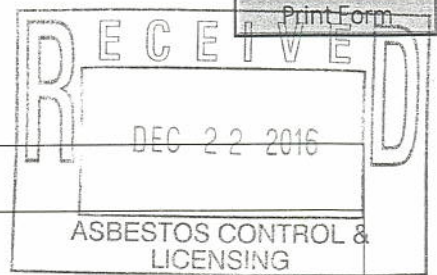


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:130)

Date of Notification (1) 12/16/16		Name of Building Owner/Operator (2) ESTATE OF WARREN NELSON SR.	
Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code LOO NJ 07644	Telephone Number WAYNE
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4)	
Street Address		☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) FANGLAWN		Square Feet 1400	# of Floors 2
County (6) Bergen	County Code (7) (STATE USE ONLY)	Bldg. Age 62	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.	
Telephone No.		Telephone No. 201-262-5941	License No. 00166
Start Date (10) 12/16/16		Scheduled Completion Date (11) 12/20/16	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Omega Environmental Services Inc.	
Scope of Work (Check All That Apply)		Street Address 260 Huyler Street	
☒ 23 sf or 23 ft ☒ 2150 sf or 2250 ft		City, State, Zip Code Hackensack, N.J. 07608	
☐ Renovation ☐ Demolition		Full Containment with Negative Pressure Mini-Enclosure Gloving Procedure Non-Exhausted ("") and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASIN	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 444 SF
			Abatement Type Removal Repair Encapsulation Enclosure X
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2
City, State Newark, N.J. 07105		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President	City, State Pen Argyl, PA 08072
Signature R. McDonald		Date 12/16/16	

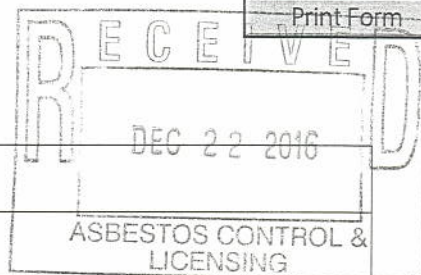
CK2950

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



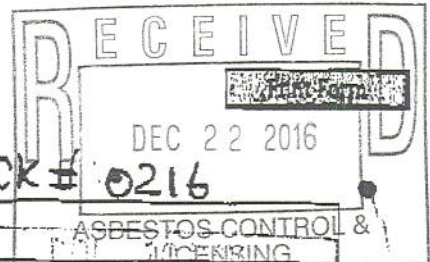
Date of Notification (1) 12/14/16 Check #2950		Name of Building Owner/Operator (2) Windsor Prep School							
Agencies Notified	Type Notification	Street Address 60 West Midland Avenue							
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Andre	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Windsor Prep School		Type of Facility (4)							
Street Address 60 Midland Avenue		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paramus		Square Feet	# of Floors						
County (6) BERGEN		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corpotation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenber, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700						
			License No. 01074						
Start Date (10) 12/30/2016	Scheduled Completion Date (11) 12/31/2016	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ 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
Basement-Boiler Room		x		Pipe Insulation	8 SF		x		
Janitor Closet-2nd Floor		x		Pipe Ins	6 LF		x		
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ			Disposal Date tbd	City, State Newburg, PA					
Completed by Gina Betances		Title Office Manager	Signature <i>Chivas</i>	Date 12/14/2016					

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



Date of Notification (1) 12/14/16 Check #2949		Name of Building Owner/Operator (2) St Peter Prep School							
Agencies Notified	Type Notification	Street Address 144 Grand Street							
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Kevin Arvind	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Peter Prep School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 144 Grand Street		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenber, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-295-1700	01074						
Start Date (10) 12/29/2016	Scheduled Completion Date (11) 12/30/2016	Name of OSHA Monitor Same as above							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf									
☒ Renovation ☐ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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
Hallway		X		Pipe Insulation	3 LF		X		
Pantry-Basement		X		Pipe Ins	3 LF		X		
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA					
Completed by Gina Betances		Title Office Manager		Signature 		Date 12/14/2016			

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



Date of Notification (1) 12/16/16		Name of Building Owner/Operator (2) c/o JHC Industrial Services LLC		ASBESTOS CONTROL & LICENSING	
Agencies Notified		Type Notification		Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (Including justification) ☐ Cancellation		96 Forete Ave	
				City, State, Zip Code North Arlington, NJ 07031	
				Name of Contact	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4)		
Street Address 233 Canoe Brook Rd			☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Short Hills, NJ			Square Feet 10,000	# of Floors 2	Bldg. Age 50+
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Bldg		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc		
Street Address n/a		Street Address 360 Palisade Ave			
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026	License No. 01255	
Start Date (10) 12/19/16		Scheduled Completion Date (11) 01/10/16		Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One)			Street Address 360 Palisade Ave		
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			City, State, Zip Code Garfield, NJ 07026		
Scope of Work (Check All That Apply)					
☐ <23 sf or <23 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frable 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		
ENTIRE STRUCTURE TO BE DISPOSED AS ACM				ENTIRE STRUCTURE TO BE DISPOSED AS ACM	
Name of Registered Waste Hauler Rovic Transport		NUDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State Riverdale, NJ		Disposal Date TBD		City, State TBD	
Completed by Kristina Caporino		Title Secretary	Signature <i>Kristina Caporino</i>	Date 12/16/16	

12/16/2016 15:56 2012520321

AMAC

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

R E C E I V E D	PAGE 02/03
	DEC 22 2016
	Check # <u>9306</u> ASBESTOS CONTROL & LICENSING

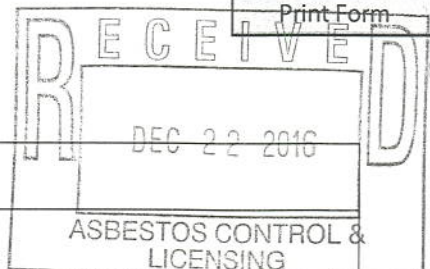
Date of Notification (1) <u>12/16/16</u>		Name of Building Owner/Operator (2) <u>210 MAIN URBAN RENOVAC, LLC</u>	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	
Street Address <u>110 BOX 627</u>		City, State, Zip Code <u>PERKINS NJ 07451</u>	
Name of Contact <u>DAVID WILLIAMS</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>210 MAIN URBAN RENOVAC</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <u>210 MAIN</u>		Square Feet <u>11450</u>	
City (5) <u>HACKENSACK</u>		# of Floors <u>10</u>	
County (6) <u>BERGEN</u>		Bldg. Age <u>80</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT - UNDER CONSTRUCTION</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>	
City, State, Zip Code		Street Address <u>185 Vreeland Ave.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>Midland Park, N.J.</u>	
Telephone No.		Telephone No. <u>201-282-5841</u>	
Start Date (10) <u>12/17/16</u>		License No. <u>00156</u>	
Scheduled Completion Date (11) <u>12/21/16</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
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 <u>280 Huyler Street</u>	
Scope of Work (Check All That Apply) ☒ 23 sf or less ☐ 23 sf or less ☐ 23 sf or less ☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Gloving Procedure ☐ Non-Exempted and Non-Exempted Procedures		City, State, Zip Code <u>Hackensack, N.J. 07606</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
<u>1ST FL</u>		<u>X</u>	
<u>2ND FL</u>		<u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or Lf) <u>154 SF</u> <u>154 SF</u>	
		<u>PIPE</u> <u>PIPE</u>	
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>	
City, State <u>Newark, N.J. 07105</u>		Cubic Yards of Waste <u>1</u>	
Disposal Date <u>12/17/16</u>		Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>	
City, State <u>PA 18072</u>		City, State <u>PA 18072</u>	
Completed by <u>R. McDonald</u>		Signature <u>R. McDonald</u>	
Title <u>President</u>		Date <u>12/16/16</u>	

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

RECEIVED
DEC 22 2016
Check # 9306

Date of Notification (1) 12/10/16		Name of Building Owner/Operator (2) 210 MAIN URBAN RENOVATION		ASBESTOS CONTROL & REMEDIATION					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☒ Amended Amendment # 1 ☒ Emergency (including justification) ☐ Cancellation		Street Address PO Box 627 City, State, Zip Code RINEWOOD NJ 07451 Name of Contact DAVID WILLIAMS Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 210 MAIN URBAN RENOVATION			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 210 main			Square Feet 11450 # of Floors 10 Bldg. Age 80						
City (5) HACKENSACK		County (6) BERGEN		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) VACANT UNDER CONSTRUCTION					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address				Street Address 185 Vreeland Ave.					
City, State, Zip Code				City, State, Zip Code Midland Park, N.J.					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841 License No. 00156					
Start Date (10) 12/17/16		Scheduled Completion Date (11) 12/21/16		Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street City, State, Zip Code Hackensack, N.J. 07606					
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
1ST FL			X	PIPE	152	X			
1ST FL			X	PIPE	152	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105				Disposal Date 12/17/16		City, State Pen Argyl, PA 08072			
Completed by R. McDonald		Title President		Signature R. McDonald		Date 12/16/16			

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



Date of Notification (1) December 8, 2016		Name of Building Owner/Operator (2) Entact LLC							
Agencies Notified	Type Notification	Street Address 51-99 Pacific Avenue							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 1 12/19/16 ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Jersey City, NJ 07305							
		Name of Contact Jonathan Intrieri	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Commercial Space		Type of Facility (4)							
Street Address 51-99 Pacific Avenue		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing / Offices							
Name of Monitoring Firm Hired by Building Owner (8) AECOM		ASCM No. no applicable	Name of Abatement Contractor (9) Abatement Unlimited, Inc.						
Street Address 30 Knightsbridge Road, Suite 520		Street Address 4332 Bullard Avenue							
City, State, Zip Code Piscataway, NJ 08854		City, State, Zip Code Bronx, NY 10644							
Project Manager for Monitoring Firm Mark Conners		Telephone No. _____	License No. 01067						
Start Date (10) 12/15/16	Scheduled Completion Date (11) 6/30/17	Name of OSHA Monitor Abatement Unlimited, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 4332 Bullard Avenue							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: exterior isolated area		City, State, Zip Code Bronx, NY 10466							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ 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 Ground				Pipe Insulation	50 LF	X			
ADD'L LF				Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler Freehold Cartage Inc.		NJDEP Waste Hauler ID No. NJ-913	Cubic Yards of Waste 1000	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD	City, State Pen Argyl, PA 18072						
Completed by John Barone		Title Senior Project Manager	Signature 			Date 12/19/16			

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

OK 3884

Date of Notification (1) 12/19/16		Name of Building Owner/Operator (2) MR. STEPHEN CATANIA	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address [REDACTED]	City, State, Zip Code BLOOMFIELD NJ 07003
		Name of Contact MR. CATANIA	

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) MR. STEPHEN CATANIA		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 2100	# of Floors 2
City (5) BLOOMFIELD		Bldg. Age 1940	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		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) 12/30/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM TO 5:00 PM		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	

Scope of Work (Check All That Apply)			
☒ ≥3 sf or ≥3 lf	☒ Renovation	☐ Full Containment with Negative Pressure	
☐ ≥160 sf or ≥260 lf	☐ Demolition	☒ Mini-Enclosure	
		☒ Glovebag Procedure	
		☐ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL SYSTEMS INSULATION	90 LF	☒			
BASEMENT				VAT	80 SF	☒			

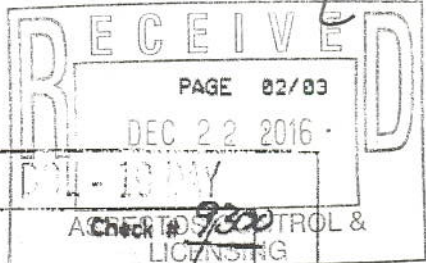
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 24207	Name of Registered Landfill Minverva Enterprises, LLC
City, State Hackensack, NJ 07601		Disposal Date 1/3/17	City, State Waynesburg, OH 44688
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 12/19/16

CHCCA #392
RECEIVED
DEC 22 2016
Operator (2)
ASBESTOS CONTROL &
LICENSING

Nebo Vasilic

12/14/2016 09:39 2012620321

AMAC



CH 9300

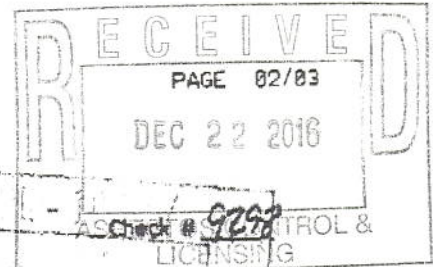
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 12/14/16		Name of Building Owner/Operator (2) DR SCHEINER						
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOM ☒ DCA	Type Notification ☒ Initial ☒ Amended ☒ Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 330 EAST BROAD STREET City, State, Zip Code WESTFIELD NJ 07090 Name of Contact TED B Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) DR SCHEINER		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 330 E. BROAD ST.		Square Feet 3000	# of Floors 2					
City (5) WESTFIELD		Bldg. Age 60						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.						
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.						
Project Manager for Monitoring Firm		Telephone No. 201-252-6841	Licenses No. 00156					
Start Date (10) 12/14/16	Scheduled Completion Date (11) 12/17/16	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street City, State, Zip Code Hackensack, N.J. 07606						
Scope of Work (Check All That Apply) ☒ 23 of or 25 if ≥190 of or ≥250 if ☐ 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	Encapsulation
2 nd FLOOR			X	CLEAN UP PLASTER	1100 SF	X	X	
OUTSIDE			X	30 YD DUMPSTER	30 YD	X		
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04508	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, N.J. 07105		Disposal Date 12/14/16		City, State Pen Argyl, PA 08072				
Completed by R. McDonald		Title President	Signature R. McDonald	Date 12/14/16				

12/13/2016 12:54

2012628321

AMAC



CK9298

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:17)

Date of Notification (1)		Name of Building Owner/Operator (2)	
12/13/16		BOB CHYLS	
Agency Notified		Street Address	
☐ EPA ☐ DEW ☐ DOH ☐ DOB ☐ OCA		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including notification) ☐ Cancellation	
City, State, Zip Code		Telephone Number	
RIDGEWOOD, N.J. 07450		BOB CHYLS	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENCE		☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address		Square Feet	
[REDACTED]		2,500	
City (5)		# of Floors	
RIDGEWOOD		2	
County (6)		Older Age	
Bergen		+ 50	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (prior to being demolished)	
ASAC INC.		RESIDENCE	
Street Address		Name of Abatement Contractor (9)	
[REDACTED]		AMAC Contracting Inc.	
City, State, Zip Code		Street Address	
Midland Park, N.J.		185 Vreeland Ave.	
Project Manager for Monitoring Firm		Telephone No.	
[REDACTED]		(201) 262-5241	
Start Date (10)		License No.	
12/13/16		09158	
Scheduled Completion Date (11)		Name of DARA Monitor	
12/20/16		Omega Environmental Services	
Emergency Shutoff During Abatement (Check Only One)		Street Address	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		280 Huyler St.	
Scope of Work (Check All That Apply)		City, State, Zip Code	
☒ As of 12-23-16 ☐ 215461 or 215462		Hackensack, NJ 07608	
☐ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Full Enclosure ☐ Gloving Procedure ☐ Non-Enforced (*) and Non-Flexible Procedures	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	
BATHROOM		PIPE INSULATION	
Is Location Normally Used Solely by Maintenance/Qualified Staff? (12)		Amount (Specify SF or LF)	
Yes No NA		55LF	
Abatement Type		Type	
Removal		Excavation	
Removal		Excavation	
Removal		Excavation	
Removal		Excavation	
Name of Registered Waste Hauler		NJPSP Waste Hauler ID No.	
Newark Carting, Inc.		04609	
City, State		Cubic Yards of Waste	
Newark, NJ		1	
Name of Registered Landfill		Disposal Date	
121 PA Baitstetern Landfill Corp.		12/13/16	
City, State		Signature	
Baitstetern, PA		V. [Signature]	
Completed by		Date	
Joseph Vaccaro		12/13/16	
Title		Signature	
Vice President		V. [Signature]	

CK# 3061

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/20/16		Name of Building Owner/Operator (2) Pavlov Residence	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Street Address [REDACTED]		City, State, Zip Code Asbury Park, New Jersey	
Name of Contact Frank		Telephone Number [REDACTED]	

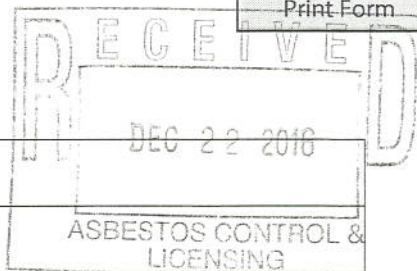
Name of Facility Where Abatement is Taking Place (3) Pavlov Residence			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1800		
City (5) Asbury Park			# of Floors 2		
County (6) Monmouth			Bldg. Age 75+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) Ace Insulation Co., Inc.		
Street Address			Street Address 95 Montrose Rd		
City, State, Zip Code			City, State, Zip Code Colts Neck, New Jersey		
Project Manager for Monitoring Firm			Telephone No. 732 294 1757		
Start Date (10) 12/29/16			License No. 00029		
Scheduled Completion Date (11) 1/4/17			Name of OSHA Monitor Mark Jovic		
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7AM-7PM			Street Address 87 Manor St Suite A		
			City, State, Zip Code Lincoln Park, New Jersey 07035		

Scope of Work (Check All That Apply)					
☒ ≥ 3 sf or ≥ 3 lf	☐ Renovation	☒ Full Containment with Negative Pressure			
☐ ≥ 160 sf or ≥ 260 lf	☐ Demolition	☐ Mini-Enclosure			
		☐ Glovebag Procedure			
		☐ Non-Exempted (*) and Non-Friable Procedure			

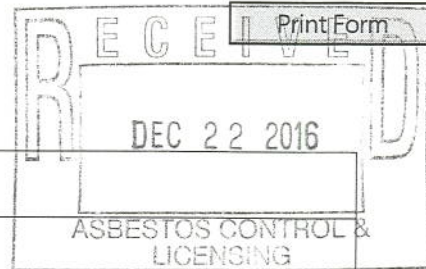
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor (ducts)				Asbestos paper	40 LF	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 1	Name of Registered Landfill Grow's Landfill	
City, State Colts Neck, New Jersey		Disposal Date 1/4/17		City, State Bethlehem, PA		
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 12/20/16

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



Date of Notification (1) 12/16/2016		Name of Building Owner/Operator (2) Karen Brain							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	 City, State, Zip Code Hawthorne, NJ 07506							
		Name of Contact Karen Brian	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hawthorne		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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) 12/29/2016		Scheduled Completion Date (11) 12/30/2016							
Name of OSHA Monitor D&S Abatement, Inc.		Street Address 11 Rosengren Avenue							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Totowa, NJ 07512							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied									
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) <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	160 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 Ned Joksimovic		Title Project Manager		Signature 		Date 12/16/2016			

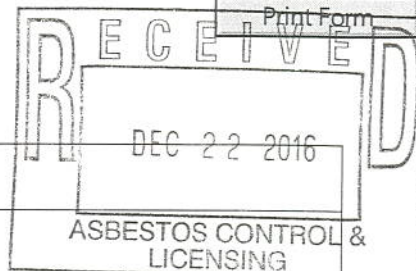


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/16/2016		Name of Building Owner/Operator (2) County of Essex							
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Verona, NJ							
		Name of Contact Mr. Sanjeev Vargheese	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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 1500	# of Floors 2						
City (5) Newark,		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 2333 Route 22 West		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 973-389-0089						
			License No. 00693						
Start Date (10) 12/30/2016	Scheduled Completion Date (11) 1/31/2017	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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) <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
Through out			X	Plaster	6,000 SF	☒			
						☒			
						☒			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 60 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 1/31/2017	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 12/16/2016			

CK6658

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



Date of Notification (1) 12/16/2016		Name of Building Owner/Operator (2) County of Essex							
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Verona, NJ							
		Name of Contact Mr. Sanjeev Vargheese	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark,		Square Feet 1,500	# of Floors 2						
		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 2333 Route 22 West		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 973-389-0089						
		License No. 00693							
Start Date (10) 12/30/2016	Scheduled Completion Date (11) 1/31/2017	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, PMB Suite 218							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ 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
Through out			X	Plaster	6,000 SF	X			
Exterior			X	Transite Siding	6,000 SF	X			
						X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 90 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 1/31/2017	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager	Signature 	Date 12/16/2016					

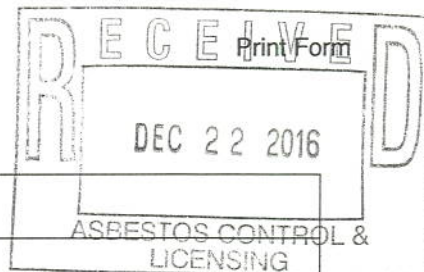
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

check # 11029

Date of Notification (1) 12 / 21 / 16		Name of Building Owner/Operator (2) Landmark Health Care Facilities, LLC		RECEIVED DEC 22 2016 ASBESTOS CONTROL & INSING					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 839 N. Jefferson Street - Suite 600							
		City, State, Zip Code Milwaukee, WI 53202							
		Name of Contact William Komlo		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deborah Heart & Lung - Elichman Pavillion				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 200 Trenton Road									
City (5) Browns Mills				Square Feet 30,000	# of Floors 1				
				Bldg. Age 50+					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Health Care					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 102	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 515 Grove St - Suite 18			Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Haddon Heights, NJ 08035			City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm Matthew Z. Kensil		Telephone No. 856 547 0505	Telephone No. 215 542 7000		License No. 00847				
Start Date (10) 01 / 3 / 17		Scheduled Completion Date (11) 2 / 28 / 17		Name of OSHA Monitor CES					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/ _____ 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)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☒ ≥160 sf or ≥260 lf ☐ Demolition ☐ 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
Window Glazing	☐	☒	☐	Exterior Windows	60 LF	☐	☐	☐	☐
Roofing	☐	☒	☐	Exterior Roof	26,000	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Hilltop Enterprises		NJDEP Waste Hauler ID No. 3175		Cubic Yards of Waste 60 Yards	Name of Registered Landfill GROWS Tullytown				
City, State 1157 Phoenixville, Pike # 102-West Chester PA 19380				Disposal Date 3/1/2017	City, State Tullytown, PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 12/21/16			

CK 1261

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



Date of Notification (1) 12/13/2016		Name of Building Owner/Operator (2) Joelo Enterprise							
Agencies Notified	Type Notification	Street Address 160 4th ave.							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Westwood ,NJ							
		Name of Contact Johny Lagroso	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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 1040	# of Floors 2						
City (5) Closer, NJ		Bldg. Age 92 years							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution		ASCM No. 54105	Name of Abatement Contractor (9) Divine Development LLC,						
Street Address 27 Susquehanna ave.		Street Address 572 South12 street							
City, State, Zip Code Rochelle Park, NJ		City, State, Zip Code Newark, NJ							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572	Telephone No. 9172165472						
License No. 01294									
Start Date (10) 12/23/2016	Scheduled Completion Date (11) 12/26/2016	Name of OSHA Monitor Divine Development LLC,							
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 572 South12street							
		City, State, Zip Code Newark, NJ							
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) <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	Trinsite	1400SF	x			
Roof over porch			X	Roofing material	130SF	x			
Windows				Caulking	48LF	x			
Flooring				Floor tiles	93SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste AS needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature 			Date 12/13/2016			

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

Date of Notification (1) 12/19/2016		Name of Building Owner/Operator (2) Jane Farina		RECEIVED DEC 22 2016 ASBESTOS CONTROL & LICENSING
Agenencies Notified	Type Notification	Street Address [REDACTED]		
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial Notification ☐ Amended Notification ☐ EMERGENCY ☐ Cancellation	City, State, Zip Code West Caldwell, NJ, 07052		
		Name of Contact Jane Farina	Telephone Number	

FACILITY INFORMATION

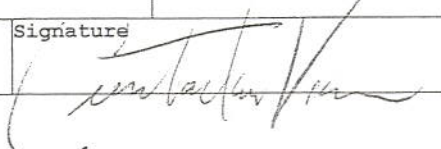
Name of Facility Where Abatement is Taking Place (3) Jane Farina			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 1850 2 75		
City (5) West Caldwell	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 12 28 2016 Month Day Year	Sched. Completion Date (11) 12 30 2016 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» ☐ Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| ☒ >3 sf or >3 lf | ☒ Renovation | ☐ Full Containment with Negative Pressure |
| ☐ >160 sf or >260 lf | ☐ Demolition | ☐ Mini-Enclosure |
| | | ☒ Glove-bag Procedure |
| | | ☐ 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	95 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 01/2/2017	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/19/2016		