CHECK # 3629

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

RECEIVED
FEB 2 2015

Date of Notification (1): 1/28/15

Name of Building Owner/Operator (2): KLEMM MACHINES

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

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

Street Address: 225 FREEMONT AVE

City, State, Zip Code: WOODBINE, N.J. 08270

Name of Contact: LISA FISHER

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 246 45TH ST.

City (5): HUDSON

County (6): CAPE MAY

County Code (7) (STATE USE ONLY)

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

Current Use (Prior to being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Telephone No.: 856-779-0422 License No: 00444

Name of OSHA Monitor: JOSEPH KLEMM

Start Date (10): 2/9/15 Scheduled Completion Date (11): 2/17/15

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ll
☒ ≥160 sf or ≥260 ll
☒ 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Method: Removal	Encapsulation	Encasement
SIDING				TRANSITE	1500#			

Name of Registered Waste Hauler: KLEMCO INC. NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 5 Disposal Date: Name of Registered Landfill: C.M.C.M.U.A.

City, State: MAPLE SHADE, N.J. 08052 City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 1/28/15

AS8-1

* Do not use this form for asbestos licensure exempted activities

CHECK # 3630

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

RECEIVED FEB 2 2015

Date of Notification (1): 1/29/15

Name of Building Owner/Operator (2): ALEN MACHINES

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ OCA

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

Street Address: 225 FREEMONT AVE.

City, State, Zip Code: WOODBINE, N.J. 08270

Name of Contact: LISA FISHER

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 138 76TH ST.

City (5): AVALON

County (6): CAPE MAY

County Code (7) (STATE USE ONLY)

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

Current Use (Prior if being demolished): VACANT.

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Telephone No.: 856-779-0422 License No: 00444

Start Date (10): 2/27/15 Scheduled Completion Date (11): 3/7/15

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Method: Removal	Encapsulation
SID ING			X	TRANSITE	2000 ±	X	

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: C.M.C.M.U.A.

City, State: MAPLE SHADE, NJ 08052

City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 1/29/15

ASB-1

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CHECK # 3628

RECEIVED
FEB 2 2015
ASBESTOS LICENSING

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

Date of Notification (1): 1/28/15

Name of Building Owner/Operator (2): P NELANDS CONSTRUCTION

Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA

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

Street Address: 320 77TH ST

City, State, Zip Code: SEA ISLE CITY, N.J. 08243

Name of Contact: FRANK EDUARDI

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 169 83RD ST.

City (5): STONE HARBOR

County (6): CAPE MAY

County Code (FOR STATE USE ONLY)

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

Square Feet | # of Floors | Bld

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 080

Project Manager for Monitoring Firm

Telephone No

Telephone No: 856-779-0477

License No: 00444

Start Date (10): 2/9/15

Scheduled Completion Date (11): 2/16/15

Name of OSHA Monitor: JOSEPH KLEMM

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: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. C

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal
SIDING			X	TRANSITE	3000	X

Name of Registered Waste Hauler: KLEMCO 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, NJ

Disposal Date

City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM

Title: V/P

Signature: Joseph Klemm

Date: 1/28/1

AS8-4

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Jan 22 2015 03:26pm P001/001

CHECK # 8658

FEB 2 2015

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 1/22/15 Time: 3:25 PM

Date of Notification (1): 1/22/15	Name of Building Owner/Operator (2): BARBARA GRIECO
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 619 GRAND AVE.
	City, State, Zip Code: NORTH BERGEN NJ 07047
	Name of Contact: BARBARA — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): GRIECO	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 619 GRAND AVE.	
City (5): NORTH BERGEN	Square Feet: 1600 — # of Floors: 2 — Bldg. Age: 62
County (6): HUDSON — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): RES
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): A. MAC Contracting Inc
Street Address	Street Address: 185 Vreeland Ave.
City, State, Zip Code	City, State, Zip Code: Midland Park, NJ 07432
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201-262-5841 — License No.: 00156
Start Date (10): 1/22/15 — Scheduled Completion Date (11): 1/26/15	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 Huyer Street; City, State, Zip Code: Hackensack, NJ 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapulate	Enclosure
GARAGE			X	PIPE	40 LF	X			

Name of Registered Waste Hauler: Newark Carting, Inc	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Newark, NJ 07105		Disposal Date: 1/22/15 ou	City, State, Zip Code: Bethlehem, PA 18015
Completed by: R. McDonald	Title: President	Signature: R. McDonald	Date: 1/22/15

ASB-41 (R-00-08)

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

CK 2234

1/26/15State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED FEB 2 2015 ASBESTOS LICENSING

Date of Notification (1/26/15		Name of Building Owner/Operator (2) Somerset Raritan Valley Sewerage Authority
Agencies Notified: X EPA; X DOL; X DOH; DCA	Type Notification: X Initial; Amended; Amendment #_____; Emergency (including justification); Cancellation	Street Address 50 Polhemus Lane
		City, State, Zip Code Bridgewater, N.J.08807
		Name of Contact Sherwin Ulep — Telephone Number

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Somerset Raritan Valley Sewerage authority		Type of Facility (4): School (K-12); Subchapter 8 (Other than K-12); X Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 Polhemus Lane			
City (5) Bridgewater, N.J.		Square Feet N/a	# of Floors / Bldg. Age
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) incinerator and pulse tanks	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.	ASCM No. 00112	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 344 West State St.		Street Address 322 Beers St	
City, State, Zip Code Trenton, N.J. 08618		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm William Wisegarber, Jr.	Telephone No. 609) 656-8101	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 2/9/15	Scheduled Completion Date (11) 5/30/15	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; X Other – Describe: work being performed outside		Street Address; City, State, Zip Code	

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 lf
- x ≥160 sf or ≥260 lf
- Renovation
- x Demolition
- x Containment with Negative Pressure
- x Mini-Enclosure
- x Glovebag Procedure
- x 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED			x			x			
			x			x			
			x			x			
			x			x			

Name of Registered Waste Hauler Century waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 160	Name of Registered Landfill Grows north
City, State Elizabeth , N.J.		Disposal Date 6//1/15	City, State Morrisville, P.A.
Completed by James Mahoney	Title Project manager	Signature James Mahoney	Date 1/26/15

ASB-41 (R-06-08)

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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
Sludge incinerator			x	Gasket material	350 lf	x			
Sludge incinerator			x	Hatch door insulation	350 sf	x			
Carbon incinerator			x	Gasket material	350 lf	x			
Carbon incinerator			x	Hatch door insulation	350 sf	x			
Pulse tank platform			x	Tar	1100 sf	x			
Pulse tank platform			x	Tank insulation	2200 sf	x			

CK 2298

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

RECEIVED
FEB 2 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/28/15		Name of Building Owner/Operator (2) V&F Auto Bodyof Keyport,LLC
Agencies Notified: X EPA; X DOL; X DOH; DCA	Type Notification: X Initial; Amended; Amendment #_____; Emergency (including justification); Cancellation	Street Address 6 Cass St
		City, State, Zip Code Keyport, N.J 07735
		Name of Contact Frank Ferraro,Jr / Telephone Number

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) V&F auto body		Type of Facility (4): School (K-12); Subchapter 8 (Other than K-12); Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6 Cass St			
City (5) Keyport		Square Feet	# of Floors / Bldg. Age 100 +
County (6)	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.	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address		Street Address 322 Beers St	
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 2/16/15	Scheduled Completion Date (11) 2/20/15	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One): x 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
- x ≥160 sf or ≥260 lf
- Renovation
- x Demolition
- x Containment with Negative Pressure
- Mini-Enclosure
- x 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Aircell pipe insulation	100 lf	x			

Name of Registered Waste Hauler Century waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grows north
City, State Elizabeth , N.J.		Disposal Date 2/25/15	City, State Morrisville, P.A.
Completed by James Mahoney	Title Project manager	Signature James D. Mahoney	Date 1/28/15

ASB-41 (R-06-08)

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State of New Jersey

Check # 15027

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

RECEIVED
FEB 2 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
1-29-15	Sara Robertson

Agencies Notified	Type Notification	Street Address
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	10 Belleclaire Place
		City, State, Zip Code: Verona,NJ,07094
		Name of Contact: Sarah Robertson — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	
City (5) / County (6) Essex / County Code (7) (STATE USE ONLY)	Square Feet: 2400 / # of Floors: 2 / Bldg. Age: 80
	Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		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)	Sched. Completion Date (11)	Name of OSHA Monitor
2-9-15 (Month Day Year)	2-10-15 (Month Day Year)	N/A

Occupancy Status During Abatement (Check only one)
[X]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)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Garage			X	Pipe Insulation	115 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040	1.5	G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 2-11-15	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	CV	1-29-15

RECEIVED
FEB. 2 2015

VIA U.S. MAIL
CHK 1109

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

Date of Notification (1): 1/29/15	Name of Building Owner/Operator (2): HARCARY REALTY, LLC % MR MICHAEL HARCARIAN
Agency Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 172 SCHENCK AVE
	City, State, Zip Code: GREAT NECK, NY 11021
	Telephone Number:
	Name of Caller: MR HARCARIAN

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1084-1086 ELIZABETH AVE	Square Feet: 5,000 / # of Floors: 1 / Bldg. Age: 80
City (5): ELIZABETH N.J.	Current Use (Prior if being demolished): RESIDENT
County (6): UNION	County Code (7) (STATE USE ONLY):
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:
Street Address:	Name of Abatement Contractor (9): NOVATECH INC.
City, State, Zip Code:	Street Address: P.O. BOX 814
Project Manager for Monitoring Firm:	City, State, Zip Code: OLD BRIDGE N.J. 08857
Telephone No.:	Telephone No.: 732 238-7500 / License No.: 00806
Start Date (10): 1/18/15 / Scheduled Completion Date (11): 2/18/15	Name of OSHA Monitor: NOVATECH 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 814
	City, State, Zip Code: OLD BRIDGE N.J. 08857
Scope of Work (Check all that apply): ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Removal ☒ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Scheduled (11) 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ROOF			X	ROOF MATERIAL	< 200 SF	X			

Name of Registered Waste Hauler: NOVATECH INC.	NJDEP Waste Hauler ID No.: 18501	Cubic Yards of Waste: 20	Name of Registered Landfill: GROWS
City, State: OLD BRIDGE N.J. 08857		Disposal Date: 2/19/15	City, State: MORRISVILLE PA
Completed by: CARLOS A MEIDA	Title: PRESIDENT	Signature:	Date: 1/29/15

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

ASB-41

CK 4623

Print Form

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

RECEIVED
FEB 2 2015
LICENSING

Date of Notification (1): 1/29/15	Name of Building Owner/Operator (2): Five D Contractors Inc.
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 7708 Rathlin Ct.
	City, State, Zip Code: Charlotte , NC 28270
	Name of Contact: Brian Dalton — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): vacant Store Front		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 33 Cornwell Dr.			
City (5): Bridgeton NJ 08302		Square Feet: 111000	# of Floors: 1 — Bldg. Age: 35+
County (6): Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 2/9/15	Scheduled Completion Date (11): 2/16/15	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): [x] 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
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
main area			x	Floor tile mastic	4100 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 2/16/15	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 1/29/15

ASB-41 (R-06-08)

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

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FEB 2 2015

CHECK # 860

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

Approved NJ Dept of Health & Senior Services (signature) Date: 1/29/15 Time: 10:42

Date of Notification (1): 1/29/15	Name of Building Owner/Operator (2): KELLIE ASH
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 65 DONALD PLACE
	City, State, Zip Code: WALDWICK NJ 07463
	Name of Contact: KELLIE — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): KELLIE ASH			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 65 DONALD PLACE				
City (5): WALDWICK			Square Feet: 1450	# of Floors: 2 — Bldg. Age: 62
County (6): BERGEN	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): RES	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. MAC Contracting Inc		
Street Address		Street Address: 185 Vreeland Ave.		
City, State, Zip Code		City, State, Zip Code: Midland Park, NJ 07432		
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156	
Start Date (10): 1/29/15	Scheduled Completion Date (11): 1/30/15	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 Huyer Street; City, State, Zip Code: Hackensack, NJ 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BOILER			X	FLUE PIPE	12 LF	X			

Name of Registered Waste Hauler: Newark Carting, Inc	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: .5	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Newark, NJ 07105		Disposal Date: 1/29/15 on	City, State, Zip Code: Bethlehem, PA 18015

Completed by: R. McDonald	Title: President	Signature: R. McDonald	Date: 1/29/15

ASB-41 (R-06-08)

* 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)

Check # 15024

RECEIVED
FEB 2 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
1-28-15	Christopher A. Walker

Agencies Notified	Type Notification	Street Address	
[X]EPA [ ]DEP [X]DOL [X]DOH [X]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	1 Court Street	
		City, State, Zip Code	
		Morristown,NJ,07963	
		Name of Contact	Telephone Number
		Christopher A. Walker	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Morris County Courthouse	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres: 1 Court Street	

City (5	County (6)	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
Morristown	Morris		80,000+	5	65+

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
T and M		AZTECH MANAGEMENT, Inc.	
Street Address: 11 Tindall Road		Street Address: 86 Christopher St.	
City, State, Zip Code: Middletown, NJ 07748		City, State, Zip Code: Montclair, NJ 07042	
Project Manager for Monitoring Firm: Kevin A. Burns	Telephone Number: 732-671-6400	Telephone Number: (973)744-8800	License Number: 00371
Scheduled Start Date (10): 2-5-15 (Month Day Year)	Sched. Completion Date (11): 3-6-15 (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:« [x]other- Describe:During normal facility hours		Street Address City, State, Zip Code	

Scope of Work (Check all that apply)

[ ]≥3 sf or ≥3 lf
[x]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[x]Full Containment with Negative Pressure
(x]Mini-Enclosure
[ ]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
White 2"x4" Pitted suspend			X	3rd Floor	5,600 SF	X			
Tan Spray- applied fireproofing			X	3rd Floor	5,600 SF	X			
Grey Cementitious pipe			X	3rd Floor	600 LF	X			
fitings/fiberglass duct insulation			X	3rd Floor	2,500 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Newark Carting	04509	50	IESI PA Bethlehem Corp.

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President		

CK 13759

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

RECEIVED
FEB 2 2015
ASBESTOS CONTROL

Date of Notification (1): JAN. 29, 2015	Name of Building Owner/Operator (2): FELIX BURBER
Agencies Notified: [ ] EPA [X] DEP [X] DOL [ ] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 177 HILL DRIVE
	City, State, Zip Code: SOUTH ORANGE, NJ 07079
	Name of Contact: MIKE/VANCO CONSTRUCTION — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FELIX BURBER RESIDENCE			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 177 HILL DRIVE			
City (5): SOUTH ORANGE		Square Feet: 1600	# of Floors: 2 — Bldg. Age: 1950 + YRS
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): N/A	ASCM No.	Name of Abatement Contractor (9): Finishing Touch Asbestos Abatement Corp., Inc.	
Street Address		Street Address: 580 Broadway, Unit A	
City, State, Zip Code		City, State, Zip Code: Long Branch, NJ 07740	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732.222.8372	License No.: 00040
Start Date (10): Feb. 12, 2015	Scheduled Completion Date (11): Feb. 13, 2015	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 [X] Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[ ] Glovebag Procedure
[X] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
MECHANICAL ROOM 1			X	TSI	142 LF	x			
BEDROOM HALL			X	VAT	400 SF	x			
GARAGE			X	TSI	150 LF	x			
BEDROOM HALL			X	TSI	85 LF	x			

Name of Registered Waste Hauler: Finishing Touch Asbestos Abatement Corp., I	NJDEP Waste Hauler ID No.: 12058	Cubic Yards of Waste: 5 cy	Name of Registered Landfill: GROWS NORTH LANDFILL
City, State: Long Branch, NJ 07740		Disposal Date: 2/13/15	City, State: Morrisville, PA

Completed by: Joseph P. Miller	Title: President	Signature: Joseph P. Miller	Date: 1/29/15

700

Print Form

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

FEB 2 2015

Date of Notification (1): 01/29/15	Name of Building Owner/Operator (2): Estate Found LLC.	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 380 Lexington Ave. Suite 4005
		City, State, Zip Code: New York, NY 10168
		Name of Contact: Albert Mazzucca — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Building		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 123 44th. St.		
City (5): Union City		Square Feet: 8000 — # of Floors: 2 — Bldg. Age: 95
County (6): Hudson	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Retail Store

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Lesco Services Inc.	
Street Address:		Street Address: 156 Maple Ave.	
City, State, Zip Code:		City, State, Zip Code: Wallington, NJ 07057	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-406-7341	License No.: 01107
Start Date (10): 02/11/15	Scheduled Completion Date (11): 02/27/15	Name of OSHA Monitor: Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 156 Maple Ave.	
		City, State, Zip Code: Wallington, NJ 07057	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [x] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
roof			*	roofing material	10,000sf.	*			
1st. floor			*	pipe insulation	220lf.	*			
boiler room			*	transite ceiling panels	80sf.	*			

Name of Registered Waste Hauler: Newark Carting Inc.	NJDEP Waste Hauler ID No.: 05409	Cubic Yards of Waste: 100	Name of Registered Landfill: G.R.O.W.S
City, State: Newark, NJ		Disposal Date: 02/28/15	City, State: Morrisville, PA

Completed by: Leslaw Nalodka	Title: President	Signature: L Nal	Date: 01/29/15

ASB-41 (R-06-08)

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

CK 2312

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

2015 JAN -2

DOL - 10 DAY

APPROVED

Freshore Number

Date of Notification (1): 01-26-2015	Name of Building Owner / Operator (2): Kennedy University Hospital
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [X] Emergency [ ] Cancellation
	Street Address: 18 E. Laurel Road
	City, State & Zip Code: Stratford, NJ 08084
	Name of Contact: Joseph Butler

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kennedy University Hospital-3rd Floor Hospice Area			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. privats & commercial buildings, homes, etc.)
Street Address: 18 E. Laurel Road			Square Feet: 250,000 / # of Floors: 2 / Bldg. Age: 52
City (5): Stratford, NJ 08084	County (6): Camden	County Code (7):	Current Use (Prior if being demolished): Hospital
Name of Monitoring Firm Hired by Building Owner (8): Criterion Labbratories		ASCM No.	Name of Abatement Contractor (9): Resource Management Group, LLC
Street Address: 3370 Progress Drive, Suite J			Street Address: 2115 Hamilton Ave, Suite 202
City, State & Zip Code: Bensalem, PA, 19020			City, State & Zip Code: Trenton, NJ 08619
Project Manager for Monitoring Firm: Mr. Mike Panepresso		Telephone Number: 215-244-1800	Telephone Number: 609-877-8158 / License Number: 01195
Scheduled Start Date (10): 01-28-2015	Scheduled Completion Date (11): 01-31-2015		Name of OSHA Monitor: J&S Environmental Laboratories Inc
Occupancy Status During Abatement (Check only one): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Hours			Street Address: 2999 Route 22 West
Describe: [ ] Facility Occupied During Abatement			City, State & Zip Code: Union, NJ 07083

Scope of Work (Check all that apply):

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glove Bag Procedures
[X] 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 or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
3rd Floor Hospice Area	[ ]	[X]	[ ]	Flooring Mastic	800 SF	[X]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]			[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]			[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]			[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]			[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]			[ ]	[ ]	[ ]	[ ]

Name of Registered Waste Hauler: Resource Management Group, LLC	NJDEP Waste Hauler ID No.: 0082218	Cubic Yards of Waste: TBD	Name of Registered Landfill: Grows Landfill
City, State: Trenton, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed By (Print or Type): Mr. Brian J. Haney	Title: President	Signature: [signature]	Date: 01/26/2015

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 1 / 27 / 15	Name of Building Owner/Operator (2): Johnson & Johnson
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #001 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 501 George Street
	City, State, Zip Code: New Brunswick, NJ 08901
	Name of Contact: Nandita Kamdar — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kilmer Museum			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 501 George Street			
City (5): New Brunswick		Square Feet: 9500	# of Floors: 2 — Bldg. Age: +/- 70
County (6): Middlesex	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Vacant	

Name of Monitoring Firm Hired by Building Owner (8): EHI, Inc.	ASCM No.	Name of Abatement Contractor (9): USA Environmental Management, Inc.	
Street Address: 655 West Shore Trail		Street Address: 8436 Enterprise Avenue	
City, State, Zip Code: Sparta, NJ 07871		City, State, Zip Code: Philadelphia, PA 19153	
Project Manager for Monitoring Firm: William Kerbel — Telephone No.: 973-729-5649		Telephone No.: 215-365-5810	License No.: 1156
Start Date (10): 2 / 02 / 15	Scheduled Completion Date (11): 2 / 25 / 15	Name of OSHA Monitor: USA Environmental Management, Inc	
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: 7:30 AM-3:30PM/_____PM-5:30AM		Street Address: 8436 Enterprise Avenue — City, State, Zip Code: Philadelphia, PA 19153	

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First Floor	☐	☐	☒	Floor Tile & Mastic/Linoleum	5200 SF	☒	☐	☐	☐
First Floor	☐	☐	☒	Pipe Insulation	20 LF	☒	☐	☐	☐
Basement	☐	☐	☒	Pipe Fitting Insulation	40 LF	☒	☐	☐	☐
Basement	☐	☐	☒	Plaster	300 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 40	Name of Registered Landfill: GROWS Landfill
City, State: Morrisville, PA		Disposal Date: 2/16/15	City, State: Morrisville, PA

Completed By (Print or Type): Dilip Kumar	Title: Program Manager	Signature: Dilip Kumar	Date: 1/27/15

ASB-41
MAY 11

** 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)

Date of Notification (1)	Name of Building Owner/Operator (2)
January 28, 2015	Seminole Construction original had ch 26121

Agencies Notified	Type of Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[ ] Initial Notification [x] Amended Notification Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	128 Bartlett Avenue

City, State, Zip Code	Name of Contact	Telephone Number
West Creek, NJ 08092	Joyce	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	[ ] School (k-12) [ ] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 57 Budd Drive	

City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Beach Haven West	Ocean		1000 sf	1	60

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		Guardian Contracting, Inc.

Street Address	Street Address
	1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm / Telephone Number	Telephone Number: 732-349-9932 / License Number: 00624
Scheduled Start Date (10): 1/26/15 / Scheduled Completion Date (11): 1/30/15	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe_____	Street Address: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[ ]	>3 sf or ≥3 lf	[ ]	Renovation	[ ]	Full Containment with Negative Pressure
[x]	≥160 sf or ≥260 lf	[x]	Demolition	[ ]	Mini-Enclosure
				[ ]	Glovebag Procedure
				[x]	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) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Exterior house		X		Asbestos siding	950 sf	X			
Exterior shed		X		Asbestos siding	250 sf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	T.R.R.F.

City, State	Disposal Date	City, State
Toms River, New Jersey	2/02/15	Tullytown, Pennsylvania

Completed by (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager	N. Fernicola	1/28/15

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

NO CK

(2)

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

Date of Notification (1)
1 / 28 /15

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact: JAROD NAPOLI
Telephone Number:

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification:
- [ ] Initial Notification
- [x] Amended Notification #2
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
126 EAST LINCOLN AVENUE- BUILDING 819

Square Feet	# of Floors	Bldg. Age
30,000	5	15

City (5)	County (6)	County Code (7) (STATE USE ONLY)
RAHWAY	UNION	

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm	Telephone Number
WILLIAM S. KERBEL, CIH	973-729-5649

Telephone Number	License Number
845-369-7500	1101

Expected State Date (10)
1 / 26 /15
Month Day Year

Sched. Completion Date (11)
1 / 28 /15
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] >3SF OR LF
- [ ] >160 SF OR 260 LF
- [X] Renovation

- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclos ,
- [ ] Glovebag Procedure
- [ ] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
5TH FLOOR- ROOM 509			X	TANK INSULATION	50 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	15939	10	LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State: FREEHOLD, NEW JERSEY		Disposal Date	City, State: MONTGOMERY , PA 17752

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		1/28/15

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

Date of Notification (1)
1 / 15 /15

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact: JAROD NAPOLI
Telephone Number:

2015 FEB -2 AM 10:53

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
126 EAST LINCOLN AVENUE- BUILDING 819

Square Feet	# of Floors	Bldg. Age
30,000	5	15

City (5)	County (6)	County Code (7) (STATE USE ONLY)
RAHWAY	UNION	

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
1 / 26 /15
Month Day Year

Sched. Completion Date (11)
3 / 30 /15
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [X] >3SF OR LF
- [ ] >160 SF OR 260 LF

- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclos ,
- [ ] Glovebag Procedure
- [ ] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
5TH FLOOR- ROOM 509			X	TANK INSULATION	50 SF	X			

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SER
447 ALEXANDER DRIVE/ROUTE 15

City, State
FREEHOLD, NEW JERSEY

Disposal Date

City, State
MONTGOMERY , PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
1/15/15

Print Form

Emergency

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

CR 4619

2015 FEB -2 AM 12:54

Date of Notification (1): 1/27/15	Name of Building Owner/Operator (2): Gina Cristiano Private Home
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 35 West Boat Drive
	City, State, Zip Code: Little Egg Harbor NJ 08087
	Name of Contact: Gina — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Gina Cristiano Private Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 35 West Boat Drive			
City (5): Little Egg Harbor NJ 08087		Square Feet: 1000+	# of Floors: 1 / Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 1/28/15	Scheduled Completion Date (11): 1/30/15	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): [x] 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
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1300 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 1/30/15	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 1/27/15

ASB-41 (R-06-08)

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CK 3490

Jan 28 2015 07:49am P001/001

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

Date of Notification (1): 01 / 23 / 15	Name of Building Owner/Operator (2): Woodbridge Township School District Check # 2490 $200
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. Box 428, School Street
	City, State, Zip Code: Woodbridge, New Jersey 07095
	Name of Contact: Anthony D'Orsi
	Telephone Number

APPROVED
N.J. Dept. of Health & Senior Services
(signature)
Date: 1/28/15 Time: 7:37AM

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Iselin Middle School			Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 900 Panther Way			
City (5): Iselin, New Jersey 08830		Square Feet: 20,000	# of Floors: 2 / Bldg. Age: 55+
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Middle School	

Name of Monitoring Firm Hired by Building Owner (8): RAMM Environmental Services, Inc.	ASCM No.	Name of Abatement Contractor (9): Lilich Corporation	
Street Address: 77 Nottingham Road, P.P. Box 308		Street Address: 606 McBride Avenue	
City, State Zip Code: Fair Lawn, New Jersey 07410		City, State, Zip Code: Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm: Rodger Headrick	Telephone No.: 201-475-9880	Telephone No.: 973-225-8400	License No.: 01104
Start Date (10): 01 / 31 / 15	Scheduled Completion Date (11): 02 / 02 / 15	Name of OSHA Monitor: J & S Environmental Laboratories LLC	
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: _____AM-1 PM/9PM-_____AM		Street Address: 2333 Route 22 West / City, State, Zip Code: Union, New Jersey	

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Boys Locker Room Storage Room	☐	☐	☒	Thermal System Insulation	9 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 17824	Cubic Yards of Waste: 2	Name of Registered Landfill: G.R.O.W.S.
City, State: Woodland Park, New Jersey		Disposal Date: 02/03/15	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Momo Glavatovic	Title: Vice President	Signature	Date: 1/23/15

ASB-41
MAY 11

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CK 3496

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

2015 FEB -2 AM 8:40

Date of Notification (1): 01 / 26 / 15	Name of Building Owner/Operator (2): Saint Gobain Check # 3496 $200
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 150 Dey Road City, State, Zip Code: Wayne, New Jersey 07470 Name of Contact: Jack Bouman c/o Bouman Construction Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Saint Gobain Street Address: 150 Dey Road			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
City (5): Wayne, New Jersey 07470		Square Feet: 20,000	# of Floors: 1 / Bldg. Age: 55+
County (6): Passaic	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Manufacturing Co	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Lilich Corporation	
Street Address:		Street Address: 606 McBride Avenue	
City, State, Zip Code:		City, State, Zip Code: Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-225-8400	License No.: 01104
Start Date (10): 02 / 09 / 15	Scheduled Completion Date (11): 02 / 09 / 15	Name of OSHA Monitor: J&S Environmental Laboratories LLC	
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: 8:30AM-12PM/_____PM-_____AM		Street Address: 2333 Route 22 West City, State, Zip Code: Union, New Jersey 07083	

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Storage Room	☒	☐	☐	Asbestos Containing Ovens	2 ea	☐	☐	☐	☐
	☐	☐	☐	(Wrap & Dispose)		☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 17824	Cubic Yards of Waste: 20	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Woodland Park, New Jersey		Disposal Date: 02/09/15	City, State: Morrisville, Pennsylavania

Completed By (Print or Type): Mom Glavatovic	Title: Vice President	Signature	Date: 1/26/15

ASB-41
MAY 11

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