

12/15/2032 13:06 FAX


0003/0004

Print Form

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

RECEIVED  
 2016 FEB -2 AM 10:03  
 ASBESTOS CONTROL LICENSING

ch#3983

Date of Notification (1) 01/28/2016		Name of Building Owner/Operator (2) Suburban Terrace Condo Association							
Agencies Notified: <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification: <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address: 488 B Colonial Terrace						
	City, State, Zip Code: Hackensack, NJ 07601		Name of Contact: Hector Ferrer						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment # 13		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address: 474 Maple Hill Drive		Square Feet:	# of Floors:						
City (5): Hackensack		Bldg. Age:							
County (6): Bergen		County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): apartment						
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.:	Name of Abatement Contractor (9) Lilich Corporation						
Street Address: 556 South Broad Street		Street Address: 606 McBride Ave							
City, State, Zip Code: Glen Rock, NJ 07452		City, State, Zip Code: Woodland Park, NJ 07424							
Project Manager for Monitoring Firm: Lauren Adrien		Telephone No.: 201-652-1119	Telephone No.: 973-225-8400						
License No.: 01104		Name of OSHA Monitor: J&S Environmental Laboratories							
Start Date (10): 01/29/2016		Scheduled Completion Date (11): 01/30/2016							
Occupancy Status During Abatement (Check Only One): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address: 2333 Route 22 West							
Scope of Work (Check All That Apply): <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes    No    N/A					Removal	Repair	Encapsulation	Enclosure
ground floor			X	pipe insulation	30 LF	X			
Name of Registered Waste Hauler: Lilich Corporation		NJDEF Waste Hauler ID No.: 18724	Cubic Yards of Waste:	Name of Registered Landfill: GROWS Landfill					
City, State: Woodland Park, NJ		Disposal Date:		City, State: Morrisville, PA					
Completed by: Momo Glevatovic		Title: vice president		Signature: 		Date: 01/28/2016			

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

NO CK

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

Date of Notification (1) <u>6</u> / <u>26</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7-1/27/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>								
		City, State, Zip Code <b>Princeton, NJ 08544</b>								
		Name of Contact <b>Robert Ortego</b>	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address <b>Washington Rd</b>		Square Feet	# of Floors							
City (5) <b>Princeton</b>		Bldg. Age								
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>								
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>								
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	Licens. No. <b>00519</b>							
Start Date (10) <u>12</u> / <u>21</u> / <u>15</u>	Scheduled Completion Date (11) <u>2</u> / <u>29</u> / <u>16</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM/5:00PM-1:30AM</u>		Street Address <b>1123 BEAVER STREET</b>								
		City, State, Zip Code <b>BRISTOL, PA 19007</b>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2,038 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level C North Atrium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	1400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level A offices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	2000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ext. Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	1300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. LANDFILL</b>						
City, State <b>NEW CASTLE, DE</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>							
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro / jk</i>			Date <u>1/27/16</u>					

2016 FEB -2 AM 9:54  
ASBESTOS CONTROL & LICENSING  
RECEIVED

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





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

RECEIVED Ch # 8059

2016 FEB -2 AM 9:59

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/28/16		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact William McBride	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hammonton Armory			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 550 S. Egg Harbor Road			Square Feet 40000	# of Floor 2	Bldg. Age ~70
City (5) Hammonton, NJ 08037	County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) armory		

Name of Monitoring Firm Hired by Building Owner TTI Environmental, Inc		ASCM No. 0003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 1253 N. Church St.		Street Address 323 Changebridge Rd., Suite 100			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Mike Stocku	Telephone Number 856-985-8800	Telephone Number 973-575-8700		License Number 00852	
Scheduled Start Date (10) 2/8/16	Sched. Completion Date (11) 2/19/16	Name of OSHA Monitor J & S Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- |                                                        |                                     |                                                                  |
|--------------------------------------------------------|-------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf                |                                     | <input type="checkbox"/> Mini - Enclosure                        |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |                                     | <input type="checkbox"/> Glovebag Procedure                      |
|                                                        |                                     | <input checked="" type="checkbox"/> 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			R	R	E	E
Offices		x		VAT	1000 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Pine Brook, NJ			Disposal Date 2/23/16	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 1/28/16



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

OK  
7182

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2016 FEB -2 AM 9:19  
ASBESTOS CONT. & LICENSING

Date of Notification (1) 1/28/16 Type Notification		Name of Building Owner / Operator (2) <b>Jennifer Zambrano</b>	
Agencies Notified EPA DEP <b>X</b> DOL <b>X</b> DOH DCA	Emergency Notification	Street Address [REDACTED]	
	<b>X</b> Initial Notification	City, State & Zip Code <b>Fairhaven, NJ 07704</b>	
	Amended Notification	Name of Contact <b>Jennifer Zambrano</b>	
	Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <b>X</b> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2,800</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
City (5) <b>Fairhaven</b>	County (6) <b>Monmouth</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	

Scheduled Start Date (10) <b>2/10/16</b>	Scheduled Completion Date (11) <b>2/11/16</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>			
---------------------------------------------	--------------------------------------------------	---------------------------------------------------------------	--	--	--

Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <b>X</b> Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>			
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			

Scope of Work (Check all that apply)					
Demolition	<b>X</b> Renovation	Full Containment with Negative Pressure			
Large Project		Mini-Enclosure			
<b>X</b> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<b>X</b> Glovebag Procedure			
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other:			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe Fittings</b>	<b>30 LF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>3</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>2/11/16</b>		City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>			Date <b>1/28/16</b>

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

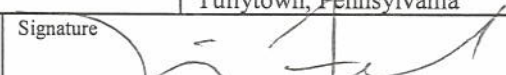
Date of Notification (1) <b>January 28, 2016</b>		Name of Building Owner/Operator (2) <b>Benjamin H. Realty Corp.</b>		<b>28806</b>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>7 Glenwood Avenue, Suite 308</b>	
			City, State, Zip Code <b>East Orange, NJ 07017</b>	
			Name of Contact <b>Benjamin Herbst</b>	Telephone Number

**RECEIVED**  
**2016 F 1-28 AM 9:08**  
**ASBESTOS LICENSURE**  
**STOS COPY 10/1/2016**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Apartments</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>66-76 Melmore Gardens</b>			Square feet <b>6,000 sf</b>		
City <b>East Orange</b>		County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Route 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>	
Scheduled Start Date (10) <b>1/29/16</b>		Scheduled Completion Date (11) <b>2/2/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Encapsulation	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO	N/A			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	500 lf				X	
Basement		X		Boiler breeching	50 sf				X	
Basement		X		Duct insulation	35 sf				X	

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date		City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 		Date <b>1/28/2016</b>

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



OK 1688

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

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2016 FEB -2 AM 9:56

ASBESTOS CONTROL LICENSING

Date of Notification (1) 1-29-2016		Name of Building Owner/Operator (2) Eglenowicz Wrecking, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 172 Gardfield Avenue	
		City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Gerald Eglenowicz	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Residential - Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 977-979 Broadway			Square Feet 10000	# of Floor 2	Bldg. Age 70+
City (5) Bayonne, NJ 07002		County (6) Hudson		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Service, LLC		
Street Address		Street Address 235 Virginia Avenue			
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01114	

Start Date (10) 2-8-2016	Scheduled Completion Date (11) 2-13-2016	Name of OSHA Monitor Same as above			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
		City, State, Zip Code			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Second floor		X		VAT	218 SF	X			
Basement - Crawl Space		X		Pipe insulation	100 LF	X			
Exterior		X		Siding	2320 SF	X			
Roof		X		Roof	3772	X			

Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. North Landfill	
City, State Jersey City, NJ		Disposal Date 2-15-2016		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 1-29-2016

OK 000527

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

RECEIVED

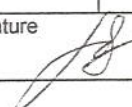
Date of Notification (1) 01-28-16		Name of Building Owner/Operator (2) Caravella Demolition		2016 FEB -2 AM 9:55						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.		ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code East Hanover, NJ 07936								
		Name of Contact Tom Bandelt		Telephone Number ---						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age					
City (5) Wayne			Current Use (Prior if being demolished)							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address			Street Address 522 7th St.							
City, State, Zip Code			City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603	License No. 01216						
Start Date (10) 02-09-16		Scheduled Completion Date (11) 02-10-16		Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 522 7th St.							
			City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Garage		x		Siding	820 SF	x				
Name of Registered Waste Hauler Delfa Contracting LLC.		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City, NJ			Disposal Date 02-15-16	City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 01-28-16				



OK 000526

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

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Date of Notification (1) 01-28-16		Name of Building Owner/Operator (2) Caravella Demolition		2016 FEB -2 AM 9:55					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Tom Bandelt		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wayne			Square Feet	# of Floor	Bldg. Age				
County (6) Bergen		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) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603	License No. 01216					
Start Date (10) 02-10-16	Scheduled Completion Date (11) 02-11-16		Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 522 7th St.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union City NJ 07087						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Siding	1200 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC.		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 02-15-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 01-28-16				

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

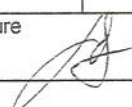
OK 000525

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

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2016 FEB 2 AM 9:55

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 01-28-16		Name of Building Owner/Operator (2) Susan Cammisa							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Susan Cammisa							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Mahwah		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen	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) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 02-08-16	Scheduled Completion Date (11) 02-09-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	320 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC.		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 02-11-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 01-28-16			



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

**RECEIVED**

Date of Notification (1) 01-28-16		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.							
		City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Tom Bandelt		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wayne			Square Feet	# of Floor	Bldg. Age				
County (6) Bergen		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) Delfa Contracting LLC.						
Street Address			Street Address 522 7th St.						
City, State, Zip Code			City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603	License No. 01216					
Start Date (10) 02-09-16		Scheduled Completion Date (11) 02-10-16		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			522 7th St.						
			City, State, Zip Code Union City NJ 07087						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		x		Transite Boards	620 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC.		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 02-15-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 01-28-16				

# NOTIFICATION OF ASBESTOS ABATEMENT


(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>January 29, 2016</b>		Name of Building Owner/Operator (2) <b>Zarrilli Homes</b>		<b>28813</b>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>186 Mantoloking Road</b>	
			City, State, Zip Code <b>Brick, New Jersey 08723</b>	
			Name of Contact <b>Rich Zarrilli</b>	Telephone Number <b>201-518-2111</b>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter S (other than 1-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			Square feet <b>1200 sf</b>	
City <b>Brick</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>80</b>	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <b>732-349-9932</b>	License Number <b>0624</b>
Scheduled Start Date (10) <b>2/1/16</b>	Scheduled Completion Date (11) <b>2/2/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>	
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	
Scope of Work (Check all that apply)				
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure
				<input type="checkbox"/> Glovebag Procedure
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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
Exterior		X		Asbestos siding	325 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>2/3/16</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>1/29/2016</b>

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



# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

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ASBESTOS LICENSING CONTROL

2016 FEB - 2 9:53

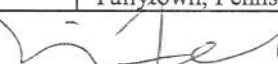
Date of Notification (1) <b>January 29, 2016</b>		Name of Building Owner/Operator (2) <b>Gary Allen, LLC</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>P O Box 813</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	<b>Red Bank, NJ 07701</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Gary Casazza</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
[REDACTED]			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
<b>Rumson</b>	County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1200 sf</b>	# of Floors	Bldg. Age <b>65</b>
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code <b>Toms River, NJ 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>	
Scheduled Start Date (10) <b>1/29/16</b>	Scheduled Completion Date (11) <b>2/1/16</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one)		Street Address <b>1056 Stelton Road</b>			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure			
<input type="checkbox"/> Renovation		<input type="checkbox"/> Non-Exempted (*) and Non Friable Procedure			
<input checked="" type="checkbox"/> Demolition					

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			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		Duct wrap	300 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>2/2/16</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>1/29/2016</b>	

*\*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) January 29, 2016		Name of Building Owner/Operator (2) Jacobs Demolition & Carting	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P O Box 9
			City, State, Zip Code Manasquan, NJ 08736
			Name of Contact Linda

28811  
**RECEIVED**  
**ASBESTOS & LEAD CONTROL**  
**2016 FEB -2 AM 9:53**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 1500 sf	# of Floors 1	Bldg. Age 60
Brick	County (6) Ocean	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) 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 01624	
Scheduled Start Date (10) 2/1/16	Scheduled Completion Date (11) 2/2/16		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Variable 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			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
Exterior		X		Asbestos siding	1500 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/3/16		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fericola		Title Project Manager		Signature 			Date 1/29/2016		

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



OK 1699

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/21/2016		Name of Building Owner/Operator (2) Kelvin Leach	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Newark NJ	
		Name of Contact Kelvin Leach	Telephone Number

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

Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor	ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc	
Street Address		Street Address 205 Route 46 West	
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 832 4244	License No. 01115

Start Date (10) 01/22/2016	Scheduled Completion Date (11) 01/27/2016	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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			x	pipe insulation	179 LF	x		x	

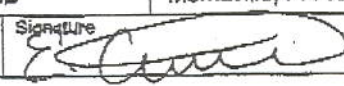
Name of Registered Waste Hauler Academy Construction Inc	NJDEP Waste Hauler ID No. 00334422	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill
City, State totowa NJ		Disposal Date TBD	City, State Morrisville PA
Completed by Zlate Geleski	Title VP	Signature <i>Zlate Geleski</i>	Date 01/21/2016

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

State of New Jersey  
 Dept. of Health & Senior Services  
 (signature)  
 Date: 1-26-16 Time: 3:20

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

CK# 0041

Date of Notification (1) 1-26-16		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 160 South Livingston Ave. City, State, Zip Code Livingston, NJ 07039 Name of Contact John Telephone Number						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 9B Street Address Brandywyne East Court City (5) Brielle, NJ County (6) Monmouth County Code (7) (STATE USE ONLY)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Building Age					
	Name of Monitoring Firm Hired by Building Owner (8) n/a ASQM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Telephone No. 973-460-6026 License No. 01251						
Start Date (10) 1-27-16 Scheduled Completion Date (11) 1-28-16		Name of OSHA Monitor Harmony Contracting Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 5 pm</u>									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Flexible 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
Throughout Apartment			X	VAT	270 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33187	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19057						
Completed by E. Cirovic		Title Secretary	Signature 				Date 1-26-16		

RECEIVED  
 2016 FEB -2 AM 9:52  
 APPLICANTS CONTACT & LICENSE NO. (81)

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



CK1705

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

RECEIVED

2016 FEB -2 AM 9:51

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/29/2016		Name of Building Owner/Operator (2) Adam Heaven	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Newark NJ		Name of Contact Adam Heaven
			Telephone Number

**FACILITY INFORMATION**

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

Name of Monitoring Firm Hired by Building Owner (8) competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc	
Street Address		Street Address 205 Route 46 West		
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244	Licens No. 01154

Start Date (10) 02/10/2016	Scheduled Completion Date (11) 02/24/2016	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Accessed 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 (wrapping)	300LF			X	

Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 00334422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill	
City, State Totowa NJ		Disposal Date TBD	City, State Morrisville PA		
Completed by Zlate Geleski		Title VP	Signature 		Date 01/29/2016

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

CL. 600  
2016 FEB -2 AM ID: 111  
RECEIVED  
OPERATIONS & LICENSING

Date of Notification (1) 1/28/16		Name of Building Owner/Operator (2) BASF	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2655 Rt 22 WEST	
		City, State, Zip Code UNION, NJ, 07083	
		Name of Contact JOHN MCCLELLAN	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) BASF		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2655 Rt 22 WEST		Square Feet 15500	# of Floors 1
City (5) UNION		Bldg. Age 66 YRS	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORAGE OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address 655 WEST SHORE TRAIL		Street Address 450 South River St	
City, State, Zip Code SPARTA, NJ, 07871		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm JP VAN DOEHLER		Telephone No. 973-651 2041	Telephone No. 201-329-7444
Start Date (10) 2/6/16		Scheduled Completion Date (11) 2/12/16	
Name of OSHA Monitor Omega Environmental		License No. 00388	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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	
DIESEL CONTROL ROOM			VAT + MASTIC
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 10CY
City, State Hackensack, N.J. 07601		Disposal Date 2/12/16	Name of Registered Landfill Minerva Enterprises, LLC
City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 1/28/16



*Emergency*

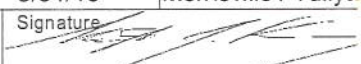
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

*CHR 5325*  
**RECEIVED**  
 2016 FEB - 2 AM 10:01  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 1/29/16		Name of Building Owner/Operator (2) Allrisk							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 501 Kennedy Blvd.							
		City, State, Zip Code Somerdale NJ 08083							
		Name of Contact Tom							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Camden County technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6008 Browning Road		Square Feet 1000+	# of Floors 2						
City (5) Pennsauken NJ 08110		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North Church St.		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-753-9800						
Start Date (10) 1/30/16	Scheduled Completion Date (11) 1/31/16	License No. 0727							
Name of OSHA Monitor Same		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>weekend</u>							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teachers Conference Room	x			Floor Tile / Mastic	22 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/1/16	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 		Date 1/29/16				

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

1163

Date of Notification (1) <b>January 29, 2016</b>		Name of Building Owner/Operator (2) <b>Mondelez</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>22-11 State Route 208</b>							
		City, State, Zip Code <b>Fair Lawn, NJ</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pilot Test Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>22-11 State Route 208</b>		Square Feet	# of Floors						
City (5) <b>Fair Lawn, NJ</b>			Bldg. Age <b>TBD</b>						
County (6) <b>Bergen</b>	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) <b>bakery</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>J&amp;S Environmental</b>		ASCM No. <b>11832</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>2333 Route 22 West</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Sherrill Gelsomino</b>		Telephone No. <b>908-419-7613</b>	Telephone No. License No. <b>(973) 759 - 5000 00741</b>						
Start Date (10) <b>2/15/16</b>	Scheduled Completion Date (11) <b>3/31/16</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-removable 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 L <sup>3</sup> )	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl, Employee Break room & adjacent hallway		<input checked="" type="checkbox"/>		Floor tile & mastic	appr. 66 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab. Suites, Countertops & Fume Hoods		<input checked="" type="checkbox"/>		Ebony Board	805 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab.		<input checked="" type="checkbox"/>		Pipe Fitting insulation	60 P	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark / Freehold Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>8.7</b>	Name of Registered Landfill <b>GROWS / TRRF / WM / Blue Ridge</b>					
City, State <b>Newark / Freehold, NJ</b>		Disposal Date <b>3/31/16</b>	City, State <b>Morrisville / Tullytown, PA</b>						
Completed by <b>Steve King</b>		Title <b>V.P.</b>	Signature 			Date <b>1/29/16</b>			

**RECEIVED**  
**2016 FEB -2 AM 10:02**  
**ASBESTOS CONTROL & LIQUIDATING**



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

*Chk # 2952*

Date of Notification (1) <b>1/25/2016</b>		Name of Building Owner / Operator (2) <b>Edna Mahan Correctional Facility for Women</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2-1/29/16 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>30 Route 513</b>	City, State & Zip Code <b>Clinton, NJ 08809</b>
		Name of Contact <b>Brian O'Neill</b>	Telephone Number

RECEIVED  
 2016 FEB  
 ADDRESS  
 SCHEDULING  
 CONTROL  
 AM 10:01

Name of Facility Where Abatement is Taking Place (3) <b>Edna Mahan Correctional Facility for Women</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>30 Route 513</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Clinton</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Prison</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Steve Fairness</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215) 788-6040</b>	License Number <b>00569</b>	
Scheduled Start Date (10) <b>1/29/16</b>	Scheduled Completion Date (11) <b>1/30/16</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>4:00 PM - 12:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement: 8:30 AM to 3 PM			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Admin Building - Basement</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>6 LF</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

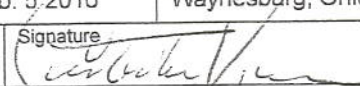
Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>&lt;1 Cu yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Dew Castle, DE</b>	Disposal Date <b>1/25/2016</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>1/29/16</b>

GI 16019

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

CK No 15469


**RECEIVED**  
**ASBESTOS CONTROL & LICENSING**  
**2016 FEB -2 AM 10:03**

Date of Notification (1) Jan. 28, 2016		Name of Building Owner/Operator (2) City of Clifton							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Clifton Ave  City, State, Zip Code Clifton, NJ 07013						
	Name of Contact Debbie Oliver		Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Park Field House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1395 Main Ave		Square Feet 800	# of Floors  Bldg. Age 40						
City (5) Clifton		Current Use (Prior if being demolished)							
County (6) Passaic		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Hillsdale Consulting		ASCM No.	Name of Abatement Contractor (9) Aztech Management						
Street Address 217 Sunset Ave		Street Address 86 Christopher Street							
City, State, Zip Code Hightstown, NJ		City, State, Zip Code Montclair, NJ 07042							
Project Manager for Monitoring Firm Randy Lenhart		Telephone No. 609-915-0621	Telephone No. 973-744-8800 License No. 00371						
Start Date (10) Feb. 1, 2016 <u>2-5-16</u>		Scheduled Completion Date (11) Feb. 5, 2016 <u>2-8-16</u>							
Name of OSHA Monitor Aztech Management		Street Address							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Demol</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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
field house			x	exterior vapor barrier paper	800 sf	x			
field house			x	VAT & Mastic	220 sf	x			
field house			x	window glazing	16 lf	x			
field house			x	air-cell pipe insulation	6 lf	x			
Name of Registered Waste Hauler Weigle Trucking Co.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 50	Name of Registered Licenser Minerva Enterprise					
City, State Reynolds, Linden, PA		Disposal Date Feb. 5, 2016		City, State Waynesburg, Ohio					
Completed by <u>CONSTANTINO VIVIANI</u>		Title <u>PRESIDENT</u>		Signature 		Date 1/28/16			



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

*Check 4729*

Date of Notification (1) 1/29/16		Name of Building Owner/Operator (2) Glen Ridge Country Club								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 555 Ridgewood Avenue							
			City, State, Zip Code Glen Ridge, NJ							
		Name of Contact Jim	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) 555 Ridgewood Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Glen Ridge	Square Feet 5000	# of Floor 3	Bldg. Age 70							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	Lic. No. 703							
Start Date (10) 2/8/16	Scheduled Completion Date (11) 5/8/16	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
lower level, old locker room			x	pipe insulation	600 LF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill						
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 				Date 1/29/16			

RECEIVED  
 2016 FEB - 2  
 AM 10:02  
 ABS ENVIRONMENTAL SERVICES  
 TECHNICAL CONSULTING

CK 21050

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

RECEIVED  
 2016 FEB -2 AM 10:50  
 ASBESTOS CONTROL  
 & LICENSING

Date of Notification (1) 1/29/2016		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE MARKET STREET							
		City, State, Zip Code ELMWOOD PARK, NJ 07407							
		Name of Contact ED KNAPICK	Telephone Number -						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY - BUILDING 40		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address ONE MARKET STREET		Square Feet	# of Floor						
City (5) ELMWOOD PARK		Bldg. Age							
County (6) BERGEN	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) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00434						
Start Date (10) 2/10/2016	Scheduled Completion Date (11) 2/22/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FL BEHIND WEST OFFICE		X		PIPE	6 LF			X	
2ND FL OFFICE CONVEYER AREA		X		PIPE	6 LF			X	
3RD FL HVAC ROOM		X		PIPE	6 LF			X	
BASEMENT STORE RM		X		PIPE INSULATION	10 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 6	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 2/22/2016		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 1/29/2016			