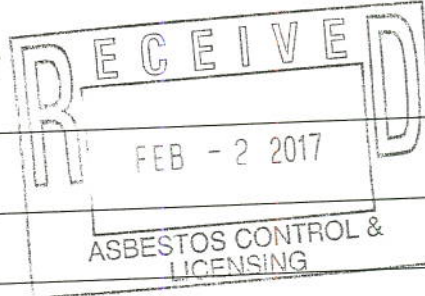


CK13759

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

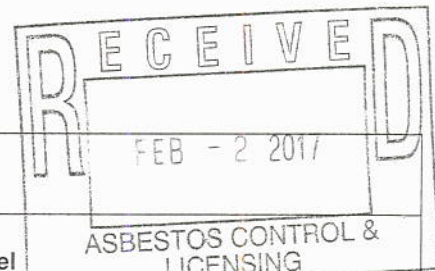


Date of Notification (1) 1 / 30 / 17		Name of Building Owner/Operator (2) <b>ExxonMobil</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1545 Route 33 East</b>							
		City, State, Zip Code <b>Annandale, NJ 08801</b>							
		Name of Contact <b>Chase Darwin</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ExxonMobil Clinton Research</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>1545 Route 22 East</b>		Square Feet <b>850,000</b>	# of Floors <b>3</b>						
City (5) <b>Annandale, NJ 08801</b>		Bldg. Age <b>30+</b>							
County (6) <b>Hunterdon</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Research</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Accredited Environmental Technologies</b>		ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>28 N. Pennell Rd.</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Media, Pa 19063</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Eric Sutherland</b>	Telephone No. <b>610-891-0114</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>						
Start Date (10) 2 / 11 / 17	Scheduled Completion Date (11) 2 / 25 / 17	Name of OSHA Monitor <b>AET</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 - Describe Time of Abatement: 7AM- PM/3:30PM- AM		Street Address <b>28 N. Pennell Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
Lab Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Richard Burns &amp; Co</b>		NJDEP Waste Hauler ID No. <b>19955</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Western Berks Community Landfill</b>				
City, State <b>Phila., PA</b>		Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>	Title <b>Estimator</b>		Signature 			Date <b>1/30/17</b>			



CK349

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

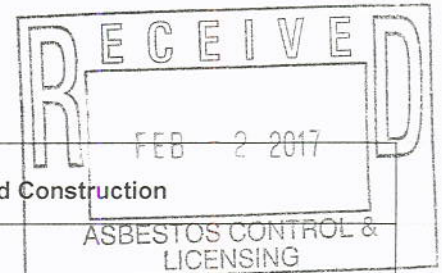


Date of Notification (1) <u>1</u> / <u>30</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Verizon</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery Place, Lower Level</b> City, State, Zip Code <b>Pittsburgh, PA 15212</b> Name of Contact <b>Anthony Porta</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Millville CO</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>416 Buck St</b>		Square Feet	# of Floors						
City (5) <b>Millville</b>		Bldg. Age							
County (6) <b>Cumberland</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <u>2</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>21</u> / <u>17</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: _____ AM- _____ PM/ <b>5:00PM-1:30AM</b>		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 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
Basement Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement outside Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	230 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	50 SF	<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 GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>			Date <b>1/30/17</b>			



CH 3148

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



Date of Notification (1) <u>1</u> / <u>30</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <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>									
City (5) <b>Princeton</b>		Square Feet <b>1,000,000</b>	# of Floors <b>8</b>						
		Bldg. Age <b>70</b>							
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 Group Services LLC</b>		ASCM No. <b>00098</b>	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>						
		License No. <b>00509</b>							
Start Date (10) <u>2</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>17</u> / <u>17</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: _____ AM- _____ PM/ <b>5:00PM-1:30AM</b>		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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Level B Hallway outside room B7L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level C Hallway outside room C6J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>			Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scaffiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scaffiro / JS</i>			Date <b>1/30/17</b>			

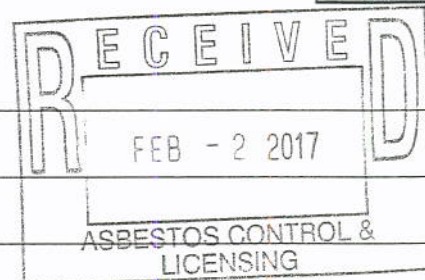
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:130)



Date of Notification (1) <b>1/30/17</b>		Name of Building Owner/Operator (2) <b>NEWTON PRESBYTERIAN</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCF <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justifications) <input type="checkbox"/> Cancellation						
Street Address <b>25 MAIN ST</b>		City, State, Zip Code <b>BLOOMS BURY, NJ</b>						
Name of Contact <b>JAMES VANDERWEL</b>		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE / CHURCH</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>25 MAIN ST</b>		City, State, Zip Code <b>BLOOMS BURY</b>						
County (5) <b>HUNTERDON</b>		County Code (7) (STATE USE ONLY)						
Current Use (Prior if being demolished) <b>RESIDENTIAL</b>		Square Feet <b>2,100</b> # of Floors <b>2</b> Bldg. Age <b>+50</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>A MAC Contracting Inc.</b>						
City, State, Zip Code		Street Address <b>185 Vreeland Ave</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ</b>						
Telephone No.		Telephone No. <b>(201)262-5841</b>						
Start Date (10) <b>2/9/17</b>		License No. <b>00156</b>						
Scheduled Completion Date (11) <b>2/20/17</b>		Name of OSHA Monitor <b>Omega Environmental Services</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>280 Huyler St</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 13 sf or 25 ft <input type="checkbox"/> 2160 sf or 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (") and Non-Frangible Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>						
Location of Asbestos-Containing Material (ACM) <b>TO BE ADATED In Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No Not		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VMT, or other miscellaneous)	Amount (Specify SF or LF) <b>85LF</b>	Abatement Type			
					Removal	Repair	Encapsulation	Full Enclosure
<b>BASEMENT</b>	<input checked="" type="checkbox"/>		<b>PIPE INSULATION</b>	<b>85LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp</b>		
City, State <b>Newark, NJ</b>		Disposal Date <b>2/9/17</b>		City, State <b>Bethlehem, PA</b>				
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <b>J. Vocaturo</b>		Date <b>1/30/17</b>		



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



Date of Notification (1) 1/30/17		Name of Building Owner/Operator (2) Porter's Cleaning Service							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Rock, NJ 07452							
		Name of Contact Joe Porter	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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]		Square Feet 2400	# of Floors 3						
City (5) Glen Rock		Bldg. Age 70+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No. _____		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 2/8/17	Scheduled Completion Date (11) 2/10/17	Name of OSHA Monitor							
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: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Basement		x		Encapsulating Pipe Wrap	156 LF			x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 1/30/17		



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

CR # 3150

Date of Notification (1) 1 / 30 / 17		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  FEB - 2 2017  ASBESTOS CONTROL &amp; IG </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Ewing CO				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 1606 Pennington Rd.				Square Feet	Bldg. Age				
City (5) Ewing				# of Floors					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office					
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 2 / 13 / 17		Scheduled Completion Date (11) 2 / 17 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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 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
CABLE VAULT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL				
City, State BRISTOL, PA				Disposal Date	City, State MORRISVILLE, PA				
Completed By (Print or Type) PATRICK DeCARO		Title ESTIMATOR		Signature Patrick P. DeCaro/jl		Date 1/30/17			



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

CHECK # 1435

<b>RECEIVED</b>	
FEB - 2 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <b>1-31-17</b>		Name of Building Owner / Operator (2) <b>Environmental Liability Transfer</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>1650 Des Peres Road, Suite 306</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>St. Louis, Missouri 63131</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	
<input type="checkbox"/> DCA		<b>Adam Peetz</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Congoleum Facility</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
<b>861 Sloan Avenue</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
<b>Hamilton</b>	<b>Mercer</b>		<b>700,000</b>	<b>1</b>	<b>90</b>
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9)		
Street Address			<b>Enterprise Network Resolutions Contracting, LLC</b>		
City, State & Zip Code			Street Address		
			<b>874 Piney Hollow Road, PO Box 70</b>		
Project Manager for Monitoring Firm			City, State & Zip Code		
Telephone Number			<b>Winslow, New Jersey 08095</b>		
Scheduled Start Date (10)			Telephone Number		
<b>3-3-16</b>			<b>609-567-0600</b>		
Scheduled Completion Date (11)			License Number		
<b>3-31-17</b>			<b>01263</b>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>EMSL Analytical</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm			Street Address		
Describe:			<b>107 Haddon Ave.</b>		
<input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code		
			<b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

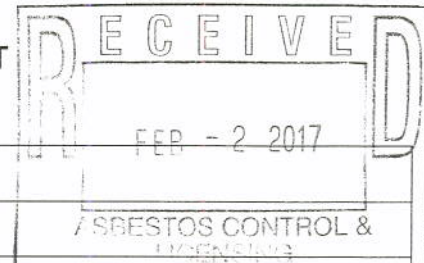
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<b>Bull Waste &amp; Recycling, LLC</b>	<b>21435</b>	<b>2000</b>	<b>Salem County Landfill</b>
City, State	Disposal Date	City, State	
<b>Berlin, New Jersey</b>	<b>4-28-17</b>	<b>Alloway, New Jersey</b>	
Completed By (Print or Type)	Title	Signature	Date
<b>Theodore S. Budzynski</b>	<b>President</b>		<b>1-31-17</b>



CK 2580

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



Date of Notification (1) 01-31-2017		Name of Building Owner / Operator (2) Mountain View Gardens Assoc, LLC	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	PO Box 745 City, State & Zip Code Summit, NJ 07902 Name of Contact Tom Daneke	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mountain View Gardens		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 468-470 West End Avenue		Square Feet 54,000	# of Floors 2
City (5) North Plainfield, NJ 08618	County (6) Somerset	County Code (7)	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 02-13-2017	Scheduled Completion Date (11) 02-14-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

## 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 ≥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) <u>TO BE ABATED</u> 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	Encapsulat	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>

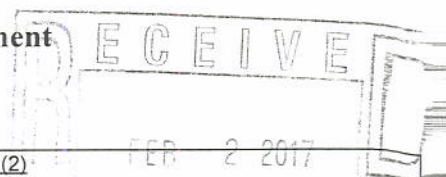
Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 01-31-2017



# State of New Jersey - Notification of Asbestos Abatement

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

CK 12562



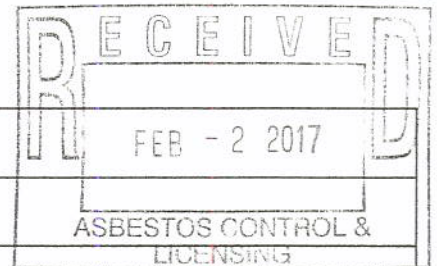
Date of Notification (1) <b>January 30, 2017</b>			Name of Building Owner/Operator (2) <b>Medexpress</b>		
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification Amended Certification Postponed By Owner Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>370 Southpointe Dr. Suite 100</b> City, State, Zip Code <b>Canonsburg, PA 15317</b> Name of Contact Mr. Ryan Rodeheaver Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Former Burger King</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.) Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>50</b> years		
Street Address <b>228 Mountain Avenue</b>			Current Use (prior if being demolished):		
City (5) <b>Hackettstown</b>	County (6) <b>Warren</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Forensics, LLC</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 Clementon Way</b>		Street Address <b>511 MAIN STREET</b>			
City, State, Zip Code <b>Lawrenceville, NJ 08648</b>		City, State, Zip Code <b>Butler, NJ 07405</b>			
Project Manager for Monitoring Firm <b>Lance Berens</b>		Telephone Number <b>609.495.4069</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>February 13, 2017</b>		Scheduled Completion Date (11) <b>February 28, 2017</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe - <b>Vacant Retail Space</b> Other - Describe: <b>Scheduled to be demolished</b>			Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>		
Source of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation <input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
<b>Roof</b>		<b>Roofing Membrane Flash/Patching</b>	<b>3,500 sf</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>40</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561 NY DEP #			Disposal Date <b>February 28, 2017</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler # 2- <b>Newark Carting Inc. Newark, NJ</b>					
Completed by (Print or Type) <b>Marin Graure</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>		Date <b>January 30, 2017</b>

GAC # 2017-593



CK 862

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

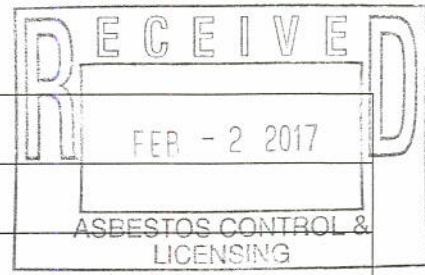


Date of Notification (1) 01-30-17		Name of Building Owner/Operator (2) Megan O'Brien							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ 07645							
		Name of Contact Megan O'Brien	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		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) Montvale		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
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.	License No.						
		201 216-9603	01206						
Start Date (10) 02-08-17	Scheduled Completion Date (11) 02-09-17	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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: 7:00am - 5:00pm		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 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 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	140 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 02-10-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 01-30-17		



CK 2596

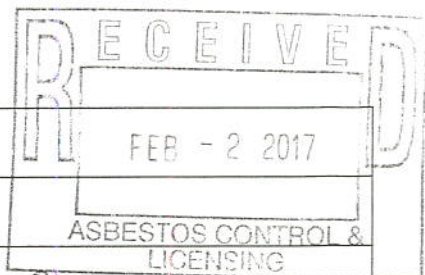
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>1/30/17</b>		Name of Building Owner/Operator (2) <b>John Bryan</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Surf City, NJ 08208</b>							
		Name of Contact <b>Eric Plackis</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<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) <b>Surf City</b>	Square Feet <b>1010</b>	# of Floors <b>1</b>	Bldg. Age <b>93</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>1/28/17</b>		Scheduled Completion Date (11) <b>1/31/17</b>							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
				<b>asbestos floor tile</b>	<b>500 SF</b>				
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS Inc.</b>					
City, State <b>Brick, New Jersey</b>		Disposal Date <b>2/1/17</b>		City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>		Signature <i>[Signature]</i>				Date <b>1/30/17</b>	

26 2597

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



Date of Notification (1) 1/30/17		Name of Building Owner/Operator (2) John Finnegan							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 [REDACTED]		City, State, Zip Code Wychoff, NJ 07481							
Name of Contact Eric Plackis		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 3000							
City (5) Spring Lake		# of Floors 2							
County (6) Monmouth		Bldg. Age 117							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Carnage House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Brick Industries Inc.							
City, State, Zip Code		Street Address P.O. Box 915							
Project Manager for Monitoring Firm		City, State, Zip Code Brick, New Jersey 08723							
Telephone No.		Telephone No. (732)899-7499							
Start Date (10) 1/31/17		License No. 01196							
Scheduled Completion Date (11) 2/28/17		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							
Scope of Work (Check All That Apply) <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
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
				Plaster/joint compound	10884 SF				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 60	Name of Registered Landfill GROWS Inc.				
City, State Brick, New Jersey				Disposal Date 3/1/17	City, State PA				
Completed by Eric Plackis		Title President		Signature [Signature]		Date 1/30/17			



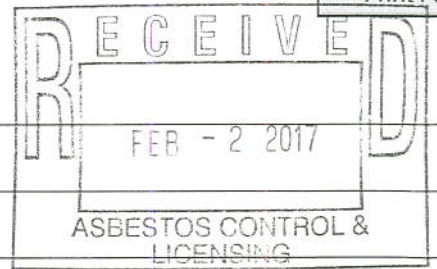
CK 450

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



Date of Notification (1) 1/30/2017		Name of Building Owner/Operator (2) Levitt Children Trust	
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 PO BOX 486	
		City, State, Zip Code Millburn NJ 07041	
		Name of Contact Lawrence Levitt	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) West Orange NJ 07052		Square Feet n/a	# of Floors n/a
		Bldg. Age n/a	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a	
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC
Street Address 2108 Fulton St Suite 2A		Street Address PO Box 734	
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298
		License No. 01266	
Start Date (10) 2/09/2017	Scheduled Completion Date (11) 2/29/2017	Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 734	
		City, State, Zip Code Woodland Park, NJ 07424	
Scope of Work (Check All That Apply)			
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  First Floor	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)  VAT		
	Amount (Specify SF or LF) 750 LF		
	Abatement Type		
	Removal	Repair	Encapsulate
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Name of Registered Landfill GROWS
City, State Woodland Park, NJ		Disposal Date 2/28/17	City, State Morrisville, PA
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 1/30/2017

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



Date of Notification (1) 01/27/2017		Name of Building Owner/Operator (2) Nicholas Illsley							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Nicholas Illsley	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address _____		Street Address 11 Rosengren Avenue							
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 973-345-8685						
Start Date (10) 02/01/2017		Scheduled Completion Date (11) 02/02/2017	License No. 01311						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Name of OSHA Monitor D&S Abatement, Inc.							
		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe & Fitting Insulation	90 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 01/27/2017		



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

Check # 11497

Date of Notification (1) <b>January 30, 2017</b>		Name of Building Owner / Operator (2) <b>Mark Kellstrom</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <b>FEB - 2 2017</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Chatham, NJ 07928</b>	
		Name of Contact <b>Mark Kellstrom</b>	
Telephone Number			

**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) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>Chatham</b>		Square Feet <b>3,300</b>	# of Floors <b>2 + Basement</b>
County (6) <b>Morris</b>		Bldg. Age <b>69 years</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>February 9, 2017</b>	Scheduled Completion Date (11) <b>March 9, 2017</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ 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 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) <b>TO BE ABATED</b> 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
Basement		X		Floor Tile and Mastic	365 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc</b> City, State <b>Little Egg Harbor, NJ</b>									
NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>10</b>		Name of Registered Landfill <b>Fairless Landfill</b>					
		Disposal Date <b>March 10, 2017</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature <i>Diane Aloia</i>			Date <b>January 30, 2017</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)

Check # 13529

Date of Notification (1) <b>1-30-17</b>		Name of Building Owner/Operator (2) <b>KPMG, LLP</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 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 <b>3 Chestnut Ridge Road</b>	
		City, State, Zip Code <b>Montvale, NJ 07645</b>	
		Name of Contact _____	
		Telephone Number _____	

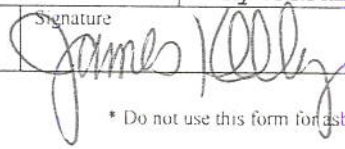
**RECEIVED**  
 FEB - 2 2017  
 ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) <b>75 Chestnut Ridge Road</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>75 Chestnut Ridge Road</b>			
City (5) <b>Montvale</b>	Square Feet <b>35,000</b>	# of Floors <b>3</b>	Bldg. Age <b>60yrs.</b>
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitestone Associates, Inc.</b>		ASCM No. _____	
Street Address <b>1500 Manor Drive</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>	
City, State, Zip Code <b>Chalfont, PA 18914</b>		Street Address <b>923 Haws Avenue</b>	
		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>Jeremy Hassett</b>		Telephone No. <b>215-712-2700</b>	License No. <b>00398</b>
Start Date (10) <b>1-31-17</b>	Scheduled Completion Date (11) <b>2-2-17</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</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>923 Haws Avenue</b>	
		City, State, Zip Code <b>Norristown, PA 19401</b>	

Scope of Work (Check All That Apply)  

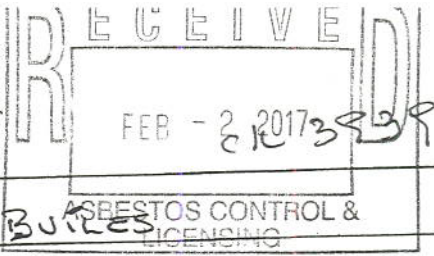
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
South stairwell		<b>X</b>		VAT & mastic	240 SF	<b>X</b>			

Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>2-2-17</b>		City, State <b>Waynesburg, OH</b>	
Completed by <b>James Kelly</b>		Title <b>President</b>		Signature 	Date <b>1-30-17</b>



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

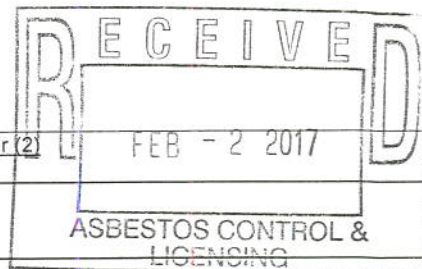


Date of Notification (1) <b>1/30/17</b>		Name of Building Owner/Operator (2) <b>MR. WILLIAM BUILES</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code <b>LODI, NJ, 07644</b>		Name of Contact <b>MR. BUILES</b>
	Telephone Number [REDACTED]		
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MR. BUILES</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 [REDACTED]		Square Feet <b>2800</b>	# of Floors <b>2</b>
City (5) <b>LODI</b>		Bldg. Age <b>1945</b>	
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address		Street Address <b>450 South River Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>2/9/17</b>	Scheduled Completion Date (11) <b>2/10/17</b>	Name of OSHA Monitor <b>Omega Environmental</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 <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM to 5:00 PM</b>		Street Address <b>280 Huyler Street</b>	
		City, State, Zip Code <b>South Hackensack, NJ 07606</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 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) (13) <b>TO BE ABATED</b> <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [ ] [ ] [X]		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>
	Amount (Specify SF or LF) <b>525 #</b>		
		Abatement Type Removal Repair Encapsulate Enclosure [X] [ ] [ ] [ ]	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/10/17</b>	City, State <b>Waynesburg, OH 44688</b>
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature 	Date <b>1/30/17</b>



JK 4022007

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)



<u>Date of Notification (1)</u> 11/7/16		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	
<u>Street Address</u> 800 Billingsport Rd		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>City (5)</u> Paulsboro		<u>County (6)</u> Gloucester	
<u>County Code (7)</u> (State Use Only)		<u>Name of Contact</u> Ravi Jarecha	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Paulsboro		<u>Bldg. Age</u> N/A	
<u>County (6)</u> Gloucester		<u>Current Use (prior if being demolished)</u> Oil Refinery	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates, Inc.		<u>ASCM No.</u>	
<u>Street Address</u> 3 Terri Lane, Suite 4 Burlington, NJ 08016		<u>Name of Contractor (9)</u> Mansfield Industrial, Inc.	
<u>Project Manager for Monitoring Firm</u> John Lutz		<u>Telephone Number</u> 609-386-8800	
<u>Scheduled Start Date (10)</u> 11/21/16		<u>Scheduled Completion Date (11)</u> 12/23/16	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  (X) Other - Describe - Removal of ACM within restricted work area in outside area		<u>License Number</u> 00857	
<u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation ( ) Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure - FGDU ( ) Mini-Enclosure (X) Glovebag Procedure - TBA		<u>Name of OSHA Monitor</u> Mansfield Industrial, Inc.	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>		<u>Street Address</u> 26 Colonial Ave	
<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA		<u>City, State, Zip Code</u> Woodbury NJ 08096	
<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>		<u>Amount (Specify SF or LF)</u>	
<u>Abatement Type</u> Rem. Rep. Encap. Enclose			
TSI ON C-201 Tower at NHT		Approx 1,750 SF	
Pipe up side of C201 Tower - NHT		Approx 200 LF	
TSI ON D-1 at NHT		Approx 450 SF	
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273	
<u>City, State</u> South Harrison, NJ		<u>Cubic Yards of Waste</u> 4 CY	
<u>Disp. Date</u> Various		<u>Name of Reg. Landfill</u> Gloucester County Landfill	
<u>Completed by (Print or Type)</u> ANDREW GREEN		<u>Signature</u>  Site Operations Supervisor	
<u>Title</u> MANAGER - KA Industrial Services		<u>Date</u> 11/7/16	

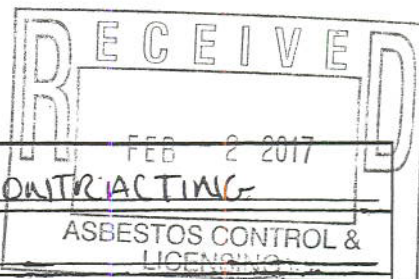
Mail to: NJDEP-DSHW-BRRT  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/18/00

OK 4156

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

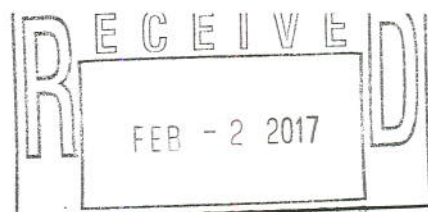


Date of Notification (1) <u>1-27-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>					
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>					
		Name of Contact <u>BRUCE</u>	Telephone Number _____				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <u>AVALON</u>	Square Feet <u>2000</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>				
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
Street Address _____		Street Address <u>369 S SPRUCE AVE</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>2-6-17</u>	Scheduled Completion Date (11) <u>2-13-17</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>3000SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>12904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.U.-A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>WOODBINE</u>				
Completed By <u>Michael Klemm</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>1-27-17</u>				



2K 4156

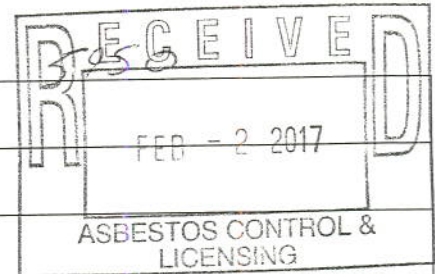
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>1-27-17</b>		Name of Building Owner/Operator (2) <b>TRIAN SFORMATION ENGINEERING</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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>601 W. CLARKSLANDING RD</b>		City, State, Zip Code <b>EGG HARBOR N.J. 08218</b>	
Name of Contact <b>TOM</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</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 [REDACTED]		Square Feet <b>1500</b>	
City (5) <b>MARGATE</b>		# of Floors <b>1</b>	
County (6) <b>ATLANTIC</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>KLEMCO INC.</b>	
City, State, Zip Code		Street Address <b>369 S. SPRUCE AVE</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Telephone No.		Telephone No. <b>856-779-0472</b>	
Start Date (10) <b>2-6-17</b>		License No. <b>#00444</b>	
Scheduled Completion Date (11) <b>2-13-17</b>		Name of OSHA Monitor <b>N/A</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 <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) (13) <b>SIDING TO BE ABATED IN Facility</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) <b>1750 SF</b>	
Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	
Cubic Yards of Waste <b>10</b>		Name of Registered Landfill <b>ACVA</b>	
Disposal Date		City, State <b>PLEASANTVILLE N.J.</b>	
Signature <b>Michael Klemm</b>		Date <b>1-27-17</b>	
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUPERVISOR</b>	



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



Date of Notification (1) 1/30/17		Name of Building Owner/Operator (2) Nick Cassino Private Home	
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 [REDACTED]	
		City, State, Zip Code Long Beach Twp NJ 08008	
		Name of Contact Nick	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Nick Cassino 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]		Square Feet 1000+	# of Floors 1
City (5) Long Beach Twp NJ 08008		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 [REDACTED]		Street Address PO Box 329	
City, State, Zip Code [REDACTED]		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm [REDACTED]	Telephone No. [REDACTED]	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 2/8/17	Scheduled Completion Date (11) 2/14/17	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address [REDACTED]	
		City, State, Zip Code [REDACTED]	

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 checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	2000 SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 2/14/17	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature [Signature]	Date 1/30/17



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



Date of Notification (1) 01/26/2017		Name of Building Owner/Operator (2) SOUTH JERSEY LAND AND WATER TRUST							
Agencies Notified	Type Notification	Street Address [REDACTED]	City, State, Zip Code SWEDESBORO NJ 08085						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact CHRISTINE NOLAN							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		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) SWEDESBORO		Square Feet 2406	# of Floors 3						
County (6) GLOUCESTER		Bldg. Age 100+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OFFICE							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
License No. 01145									
Start Date (10) 01/30/2017	Scheduled Completion Date (11) 01/31/2017		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH						
<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: RESIDENTIAL-VACANT DURING REMOVAL			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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) 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
CRAWLSPACE-OUTSIDE			X	FLUE PIPE- PAPER	10 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 10/27/2016		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 			Date 01/26/2017			



01/26/2017 01:13PM 18562248799

## ASSURED SERVICES

PAGE 03/04

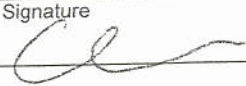
©2015 AIAA. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage or retrieval system, without permission in writing from AIAA.

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification (1) 01/26/2017		Name of Building Owner/Operator (2) SOUTH JERSEY LAND AND WATER TRUST		<div style="border: 1px solid black; padding: 5px; text-align: center;">             DUE TODAY                WAIVER APPROVED  <small>Tallahassee Number</small> </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SWEDESBORO NJ 08065							
		Name of Contact CHRISTINE NOLAN							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) SWEDESBORO			Square Feet 2400	# of Floors 3	Bldg. Age 100+				
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE						
Name of Monitoring Firm Hired by Building Owner (8) AGER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE			Street Address 570 CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091			City, State, Zip Code MULLICA HILL NJ 08062						
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145					
Start Date (10) 01/30/2017		Scheduled Completion Date (11) 01/31/2017		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH						
<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: RESIDENTIAL-VACANT DURING REMOVAL			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥100 sf or ≥200 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-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	Excavate
CRAWLSPACE-OUTSIDE			X	FLUE PIPE- PAPER	10 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034896	Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 10/27/2016	City, State WAYNESBURG, OH						
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 		Date 01/26/2017				



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

Date of Notification (1) 1/30/17		Name of Building Owner/Operator (2) Neri's Construction & Demo		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  FEB - 2 2017  ASBESTOS CONTROL &amp; REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address 849 Clayton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Williamstown NJ 08094							
		Name of Contact Tony							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Town Ship Of Winslow Demo (Vacant 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 570 Sickler Ave				Square Feet 1000+	# of Floors 1				
City (5) Winslow Twp NJ 08081				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) 2/10/17		Scheduled Completion Date (11) 2/15/17		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	800 SF	x			
Name of Registered Waste Hauler United Roll Off		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 2/15/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/31/17		



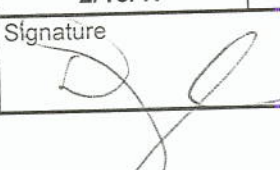
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

OK 2/4/99

Date of Notification 1/27/17		Name of Building Owner / Operator (2) <b>Fair Haven Retail, LLC</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  FEB - 2 2017  ASBESTOS CONTROL  LICENSING </div>	
Agencies Notified	Type of Notification	Street Address			
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Emergency Notification	<b>307 Fellowship Road</b>			
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification	<b>Mt. Laurel, NJ 08054</b>		Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact			
<input type="checkbox"/> DCA		<b>Matt Kelly</b>			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Commercial Buildings</b>			Type of Facility (4)		
Street Address <b>594 River Road</b>			School (K-12)		
			Subchapter 8 (Other than K-12)		
City (5) <b>Fair Haven</b>			County (6) <b>Monmouth</b>		
			County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			ASCM No. <b>N/A</b>		
Street Address <b>64 Broad Street</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			Street Address <b>443 Schoolhouse Road</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scheduled Start Date (10) <b>2/9/17</b>			Scheduled Completion Date (11) <b>2/17/17</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Telephone Number <b>732-290-2217</b>		
			License Number <b>00714</b>		
Scope of Work (Check all that apply)			Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>			Street Address <b>443 Schoolhouse Road</b>		
<input checked="" type="checkbox"/> Large Project			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM			Full Containment with Negative Pressure <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM			Mini-Enclosure <input type="checkbox"/>		
			Glovebag Procedure <input type="checkbox"/>		
			<input checked="" type="checkbox"/> Other: <b>Non-friable</b>		

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>Lairds/Personal Touch/Bike Shop</b>	<b>N/A</b>	<b>VAT/mastic</b>	<b>5,600</b>	<b>Removal</b>
<b>Lairds Store</b>	<b>N/A</b>	<b>Joint compound</b>	<b>5,000</b>	<b>Removal</b>
<b>Lairds</b>	<b>N/A</b>	<b>Window glaze</b>	<b>100</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>40</b>		Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/18/17</b>		City, State <b>Newburg, PA</b>			
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>		Signature 		Date <b>1/27/17</b>	



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

CK  
7497

Date of Notification 1/26/17		Name of Building Owner / Operator (2) <b>John Barr</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  FEB - 2 2017  ASBESTOS CONTROL  LICENSING </div>	
Agencies Notified	Type of Notification	Street Address			
EPA DEP <b>X</b> DOL <b>X</b> DOH DCA	<b>X</b> Emergency Notification Initial Notification Amended Notification Cancellation	City, State & Zip Code <b>Trenton, NJ 08609</b>			
		Name of Contact <b>John Barr</b>			
Telephone Number					
<b>FACILITY INFORMATION</b>					
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			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Trenton</b>			2,000      2      80+		
County (6) <b>Mercer</b>			Current Use (Prior if being demolished) <b>Commercial</b>		
County Code (7)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>		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>Monroe Township, NJ 08831</b>	
City, State & Zip Code <b>Matawan, NJ 07716</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		Telephone Number <b>732-605-9062</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>		License Number <b>00714</b>	
Scheduled Start Date (10) <b>1/27/17</b>		Scheduled Completion Date (11) <b>1/31/17</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 - Describe: <b>X</b> Other - Describe: <b>Area isolated for abatement</b>			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 <b>X</b> Mini-Enclosure					
<b>X</b> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <b>X</b> Glovebag Procedure					
Quantity is $\geq 160$ SF or $\geq 260$ 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>Pipe insulation</b> 20 LF      Removal	
<b>Basement</b>		<b>N/A</b>		<b>Boiler insulation</b> 30 SF      Removal	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>5</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>1/31/17</b>		Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>1/31/17</b>		City, State <b>Newburg, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>		Signature <i>Dominick Tringali</i>	
				Date <b>1/26/17</b>	



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

*CL 7498*

Date of Notification 1/27/17		Name of Building Owner / Operator (2) <b>Don Busch</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB - 2 2017  ASBESTOS CONTROL  LICENSING </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	Emergency Notification	[REDACTED]			
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>Lawrenceville, NJ 08648</b>			
<input checked="" type="checkbox"/> DOL	Amended Notification	Name of Contact <b>Don Busch</b>		Telephone Number	
<input checked="" type="checkbox"/> DOH	Cancellation				
<input checked="" type="checkbox"/> DCA					

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) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>5,000</b>	# of Floors <b>2</b>	Bldg. Age <b>100+</b>
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	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 07716</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>2/7/17</b>	Scheduled Completion Date (11) <b>2/11/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 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		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM				Other: <b>Cut and Wrap</b>	

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>Pipe insulation</b>	<b>240LF</b>	<b>Removal</b>

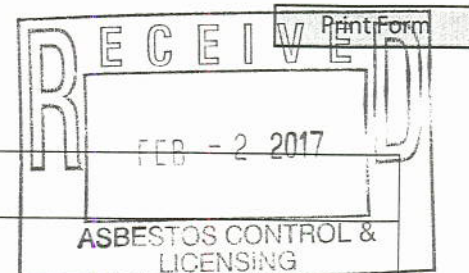
  

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/13/17</b>	City, State <b>Newburg, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>1/27/17</b>



CK 449

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

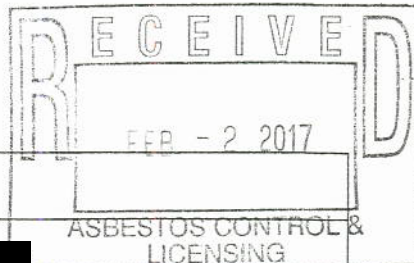


Date of Notification (1) 1/30/2017		Name of Building Owner/Operator (2) Anne Boyle							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne NJ 07002							
		Name of Contact Anne Boyle	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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) Bayonne nj 07002		Square Feet n/a	# of Floors n/a						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age n/a						
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St Suite 2A		Street Address PO Box 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	License No. 01266						
Start Date (10) 01/31/2017	Scheduled Completion Date (11) 2/02/2017		Name of OSHA Monitor Amax Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 734							
<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 Woodland Park, NJ 07424							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill GROWS					
City, State Woodland Park, NJ		Disposal Date 2/28/17		City, State Morrisville, PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 1/30/2017		



CK 3933

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



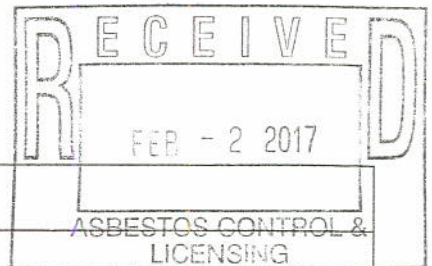
Date of Notification (1) 1/24/17		Name of Building Owner/Operator (2) MR. BOB HECK		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code HASBROUCK HEIGHTS Name of Contact MR. HECK Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. BOB HECK				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 2200 # of Floors 2 Bldg. Age 1940					
City (5) HASBROUCK HEIGHTS		County (6) BERGEN		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc					
Street Address				Street Address 450 South River Street					
City, State, Zip Code				City, State, Zip Code Hackensack, NJ 07601					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444 License No. 00388					
Start Date (10) 1/31/17		Scheduled Completion Date (11) 2/2/17		Name of OSHA Monitor Omega Environmental					
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: 8:00 AM TO 5:00 PM				Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <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-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
2nd Floor Kitchen				VAT	144 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 11/207		Name of Registered Landfill Minverva Enterprises, LLC			
City, State Hackensack, NJ 07601		Disposal Date 2/2/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature [Signature]		Date 1/24/17			



NO CK

ORIGINAL

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



Date of Notification (1) <b>1/20/17</b>		Name of Building Owner/Operator (2) <b>MR. BOB HECK</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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>HASBROUCK HEIGHTS, NJ, 07604</b> Name of Contact <b>MR. HECK</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. BOB HECK</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 [REDACTED]		Square Feet <b>2200</b> # of Floors <b>2</b> Bldg. Age <b>1940</b>							
City (5) <b>HASBROUCK HEIGHTS</b>		County Code (7) (STATE USE ONLY)							
County (6) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
City, State, Zip Code		Street Address <b>450 South River Street</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Telephone No.		Telephone No. <b>201-329-7444</b> License No. <b>00388</b>							
Start Date (10) <b>1/31/17</b>		Scheduled Completion Date (11) <b>2/2/17</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 <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>							
Street Address <b>280 Huyler Street</b>		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>BASEMENT</b>	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) <b>VAT</b>	Amount (Specify SF or LF) <b>9454</b>	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>507</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/2/17</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>		Date <b>1/20/17</b>			

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

**RECEIVED**  
FEB 2 2017  
ASBESTOS CONTROL & REMEDIATION DIVISION

Date of Notification (1) <b>1/27/17</b>		Name of Building Owner/Operator (2) <b>MS. TROY MILES</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 type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>JERSEY CITY, NJ. 07303</b>						
		Name of Contact <b>MS. MILES</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. TROY MILES</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 [REDACTED]		Square Feet <b>1800</b>	# of Floors <b>2</b>						
City (5) <b>JERSEY CITY</b>		Bldg. Age <b>1940</b>							
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>2/6/17</b>	Scheduled Completion Date (11) <b>2/7/17</b>	Name of OSHA Monitor <b>Omega Environmental</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 <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
<b>BASEMENT BOILER ROOM</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>38 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/7/17</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>1/27/17</b>			