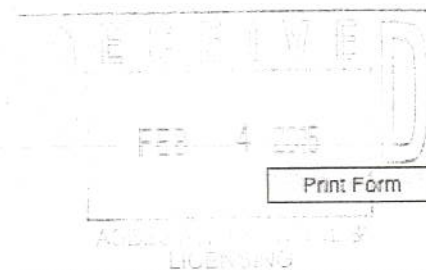


From: Biljana Stankovic bilya@me.com  
 Subject: 10-day  
 Date: February 3, 2015 at 11:29 AM  
 To: Bilyana Stankovich Bilya stanmarkllc@ptd.net  
 Cc: Bilyana Stankovich Bilya stanmarkllc@ptd.net

mo 22632378333

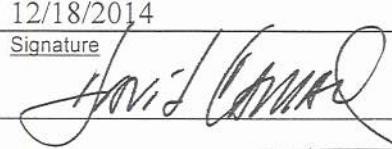


State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/03/15		Name of Building Owner/Operator (2) Mill Creek	
Agencies Notified	Type Notification	Street Address 135 Route 202/206	
<input checked="" 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 Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bedminster, NJ 07920	
		Name of Contact Larry Bennett	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Butler Lots		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 350 Warren Street		Square Feet 250,000	# of Floors 8
City (5) Jersey City		Bldg. Age 50+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Stanmark Contractors, LLC	
Street Address		Street Address 27 Edsall Drive	
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461	
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137
Start Date (10) 02/04/15		Scheduled Completion Date (11) 02/05/15	
Name of OSHA Monitor AmeriSci		Street Address 117 East 30th Street	
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:		City, State, Zip Code New York, NY 10016	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2163 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Outside skylight windows	X	demo	3
Name of Registered Waste Hauler Pro-Tech	NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.
City, State New Haven, CT		Disposal Date on completion	City, State Morrisville, PA
Completed by Marko Stankovic	Title President	Signature Marko Stankovic	Date 02/03/15

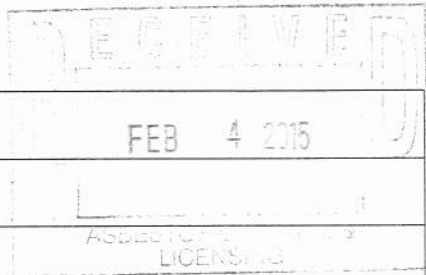
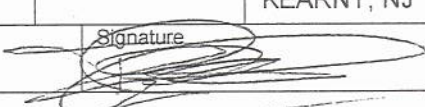
**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT**

*Check # 11507*

<u>Date of Notification (1)</u> 01/30/2015			<u>Name of Building Owner/Operator (2)</u> Tony Felella										
<u>Agencies Notified</u> ( X ) EPA ( X ) NJDEP ( X ) NJ DOL ( X ) DOH ( ) DCA		<u>Type of Notification</u> ( ) Initial Notification ( ) Amended Amendment # _____ ( X ) Emergency (including justification) ( ) Cancellation		<u>Street Address</u> 906 Bloomfield Street									
				<u>City, State, Zip Code</u> Hoboken, NJ 07030									
				<u>Name of Contact</u> Tony Felella	<u>Tel. Number</u>								
<b>FACILITY INFORMATION</b>													
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residence of Tony Felella			<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> 906 Bloomfield Street, Hoboken, NJ			<u>Sq. Feet:</u> 5,000 <u># of Floors</u> 3 <u>Bldg. Age</u> 80										
<u>City (5)</u> Newark	<u>County (6)</u> Hudson	<u>County Code (7) (State Use Only)</u>	<u>Current Use (if being demolished):</u>										
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.										
<u>Street Address</u> N/A			<u>Street Address</u> 3300 Hudson Avenue										
<u>City, State, Zip Code</u> N/A			<u>City State, ZipCode</u> Union City, NJ 07087										
<u>Project Manager for Monitoring Firm</u> N/A		<u>Telephone Number</u>	<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124									
<u>Scheduled Start Date (10)</u> 02/02/2015		<u>Scheduled Completion Date (11)</u> 02/04/2015		<u>Name of OSHA Monitor</u> ISES, Inc.									
<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: Work area in basement unoccupied during abatement			<u>Street Address</u> 3300 Hudson Avenue										
			<u>City, State, Zip Code</u> Union City, NJ 07087										
<u>Source of Work (Check all that apply)</u> ( ) Demolition    ( X ) Renovation													
( ) Minor Project (< 25 SF or < 10 LF ACM) ( X ) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Large Project (>160 SF or > 260 LF ACM)			( X ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( X ) Glove-bag Procedure ( ) Non-Exempted (*) and Non-Friable Procedure										
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u>  YES      NO      N/A		<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>								
basement	X		TSI Pipe Insulation	80 LFT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Removal</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Repair</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Encapsulate</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Enclosure</td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulate	Enclosure	X			
Removal	Repair	Encapsulate	Enclosure										
X													
<u>Name of Reg. Waste Hauler</u> NEWARK CARTING		<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> .5	<u>Name of Reg. Landfill</u> IESI BETHLEHEM LANDFILL									
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105		<u>Disp. Date</u> 12/18/2014		<u>City, State</u> BETHLEHEM, PA 18015									
<u>Completed by (Print or Type)</u> David Camacho		<u>Title</u> Project Supervisor	<u>Signature</u> 	<u>Date</u> 01/30/2015									

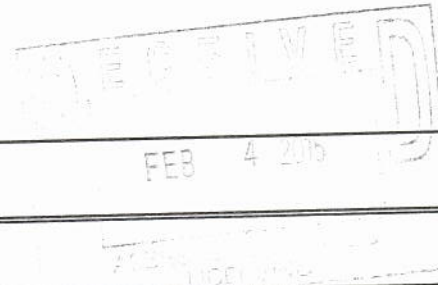


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/28/15		Name of Building Owner/Operator (2) Morris Company							
Agencies Notified	Type Notification	Street Address 190 Blanchard Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07105		Name of Contact					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Morris Company			Type of Facility (4)						
Street Address 190 Blanchard Street			<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) Newark			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pro Abatement					
Street Address				Street Address 1009 87th Street Suite A4					
City, State, Zip Code				City, State, Zip Code North Bergen, NJ 07047					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-293-6305	License No. 01223				
Start Date (10) 2/6/15		Scheduled Completion Date (11) 2/23/15		Name of OSHA Monitor HILMAMM CONSULTING LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1600 ROUTE EAST SUITE 107					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code UNION NJ 07083					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Roof				Other	13,125 SF	x			
Window				Caulking/Glazing	2,433 LF	x			
Office				VAT	144 SF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430		Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION				
City, State KENILWORTH, NJ				Disposal Date	City, State KEARNY, NJ				
Completed by Bryan Parra		Title Project Manager		Signature 		Date 1/28/15			

D&S Proj. #: 15-35

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10 11 12 13 14 15		Name of Building Owner/Operator (2) Ben Smith	
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 type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 645 SHERWOOD ROAD		City, State, Zip Code Ho-Ho-Kus, NJ, 07423	
Name of Contact Ben Smith		Telephone Number : _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Smith Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 645 SHERWOOD ROAD			Square Feet # of Floors Bldg. Age		
City (5) Ho-Ho-Kus,	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 1/26/15		Sched. Completion Date (11) 1/28/15	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	23 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 2/4/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 1/23/2015

Not valid for asbestos licensure exempted activities.



New Jersey Department of Health and Senior Services  
PO Box 369, 3635 Quakerbridge Road  
Trenton, NJ 08625-0369  
Telephone: 609-631-6749 Fax: 609-588-7618

FEB 4 2015

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES  
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

☐ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification) Date of Notification: 1/23/15

Building Information

Name of Building Owner/Operator: BEN SMITH  
Street Address: 645 SHERWOOD ROAD City: HO-HO-KUS State: NJ Zip: 07423  
Name of Contact: BEN SMITH Telephone No.:

Facility Information

Name of Facility Where Work Activity is to Take Place: SMITH RESIDENCE  
Describe Facility Use: RESIDENTIAL BUILDING  
Street Address: 645 SHERWOOD ROAD City: HO-HO-KUS State: NJ Zip: 07423  
County Name: Bergen County Code (state use only):  
Scheduled Start Date: 1/26/15 Scheduled Completion Date: 1/28/15

Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

- ☒ Floor Tile Square Footage: 160 SF Percentage Asbestos: \_\_\_\_\_  
☐ Mastic Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_

Contractor Information

Company Name: D & S Restoration, Inc. Telephone No.: 973-345-8020  
Street Address: 20 California Avenue City: Paterson State: NJ Zip: 07503  
New Jersey Asbestos License Number (if applicable): 01169  
Monitoring Firm (if applicable): N/A Telephone No.: N/A

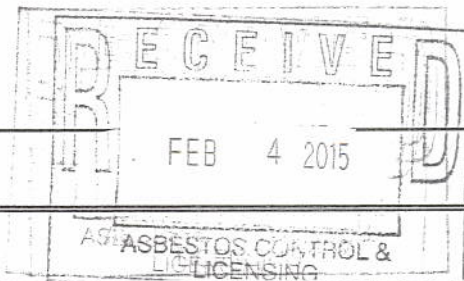
Signature

Completed By (type or print legibly): IAN MELHUISE Title: PROJECT MANAGER  
Signature: \_\_\_\_\_ Date: 1/23/15

005131

D&S Proj. #: 2015-36

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 01/12/15		Name of Building Owner/Operator (2) Michael Brooks	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1859 NEW BEDFORD ROAD	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WALL TWP., NJ	
		Name of Contact Michael Brooks	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Brooks			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1859 NEW BEDFORD ROAD			Square Feet		
City (5) WALL TWP.			County (6) MONMOUTH	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01/29/15		Sched. Completion Date (11) 02/10/15		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

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 w/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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	100 L FT	X					

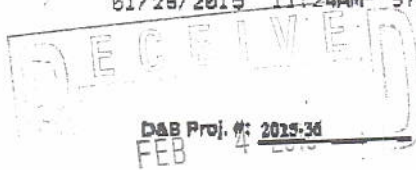
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/30/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/28/15



01/28/2015 11:24AM 9733458060

D&amp;S RESTORATIO

PAGE 02/04



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

001 - 10 DAY

WAVE APPROVED

Date of Notification (1) 01/12/15		Name of Building Owner/Operator (2) Michael Brooks		<p>WAVE APPROVED</p>	
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 type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 1859 NEW BEDFORD ROAD		City, State, Zip Code WALL TWP., NJ		Telephone Number	
Name of Contact Michael Brooks					
FACILITY INFORMATION					
Name of facility where abatement is taking place (3) Michael Brooks Street Address 1859 NEW BEDFORD ROAD City (5) WALL TWP.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./homes, etc.) Square Feet   # of Floors   Bldg. Age Current Use (Prior if being demolished)	
County (6) MONMOUTH		County Code (7) (State use only)			
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 01/29/15		Sched. Completion Date (11) 02/10/15		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥280 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (?) and Non-triable 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)	Amount (Specify SF or LF)	R e m o v e R e p a i r E n c l o s e E n o l
BASEMENT	Yes	No	PIPE INSULATION	100 L FT	<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"/>
Registered Waste Hauler D & S RESTORATION, INC.	NUDEF Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503	Disposal Date 01/30/15	City, State TULLYTOWN, PA			Date 01/28/15
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature			Date 01/28/15

This form is to be used for asbestos abatement activities.

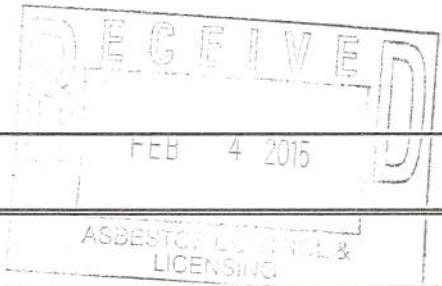


CIC 005820

State of NJ

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. #: 2015-40



Date of Notification (1) 10/11/12/19/11/15		Name of Building Owner/Operator (2) tom lane	
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 302 woodside avenue	
	City, State, Zip Code RIDGEWOOD, NJ 07450		
	Name of Contact tom lane	Telephone Number 201-555-1234	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) tom lane			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 302 woodside avenue			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 02/16/15	Sched. Completion Date (11) 02/20/15	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT (4 LOCATIONS)		X		PIPE INSULATION	30 lf	X			

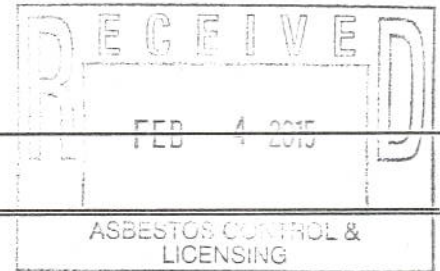
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/17/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/29/2015



CK 005821

D&amp;S Proj. #: 2015-42

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/11/12/19/1/15/		Name of Building Owner/Operator (2) <b>ROB RUST</b>	
Agencies Notified	Type Notification	Street Address <b>218 SOUTH MOUNTAIN AVENUE</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <b>MONTCLAIR, NJ 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>ROB RUST</b>	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>ROB RUST</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>218 SOUTH MOUNTAIN AVENUE</b>			Square Feet		
City (5) <b>MONTCLAIR</b>			# of Floors		
County (6) <b>ESSEX</b>			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address				Street Address <b>20 California Ave.</b>	
City, State, Zip Code				City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm		Phone Number		Telephone Number <b>973-345-8020</b>	
Start Date (10) <b>01/30/15</b>		Sched. Completion Date (11) <b>02/20/15</b>		License Number <b>01169</b>	
Occupancy Status During Abatement (Check only one)				Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				Street Address <b>20 California Avenue</b>	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				City, State, Zip Code <b>Paterson, NJ 07503</b>	
<input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>					

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<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					
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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2ND FLOOR		<input checked="" type="checkbox"/>		DUCT INSULATION	8 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	8 L FT	<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"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>		Cubic Yards of Waste <b>1 yd.</b>		Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>02/02/15</b>		City, State <b>TULLYTOWN, PA</b>			
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>		Signature		Date <b>01/29/2015</b>	



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

APPROVED  
NJ Dept. of Health & Senior Services  
(signature) 1/29/15 3:30  
Date: 1/29/15

D&S Proj. #: 2015-42

Date of Notification (1)  
01/17/2015

Name of Building Owner/Operator (2)

ROB RUST

Street Address

218 SOUTH MOUNTAIN AVENUE

City, State, Zip Code

MONTCLAIR, NJ 07042

Name of Contact

ROB RUST

Telephone Number

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ROB RUST

Street Address

218 SOUTH MOUNTAIN AVENUE

City (5)

MONTCLAIR

County (6)

ESSEX

County Code (7)  
(State use only)

Type of Facility (4)

- ☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial  
Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

Street Address

20 California Ave.

City, State, Zip Code

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-345-8020

Licensee Number

01169

Start Date (10)

01/30/15

Sched. Completion Date (11)

02/20/15

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe:  
☒ Other-Describe: NORMAL HOURS

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	H e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2ND FLOOR		<input checked="" type="checkbox"/>		DUCT INSULATION	8 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	8 LFT	<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"/>

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
02/02/15

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

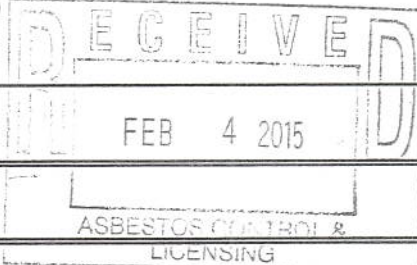
Date  
01/29/2015



CK 005819

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. #: 2015-39



Date of Notification (1) 10/11/12/9/11/15		Name of Building Owner/Operator (2) janine barone	
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 26 viewmont terrace	
		City, State, Zip Code LITTLE FALLS, NJ 07424	
		Name of Contact janine barone	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) janine barone			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 2 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 26 viewmont terrace			Square Feet # of Floors Bldg. Age		
City (5) LITTLE FALLS	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/10/15	Sched. Completion Date (11) 02/27/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT - lower		<input checked="" type="checkbox"/>		PIPE INSULATION	100 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT - upper		<input checked="" type="checkbox"/>		PIPE INSULATION	30 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT - with carpet		<input checked="" type="checkbox"/>		BARE HEATING PIPES	36 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

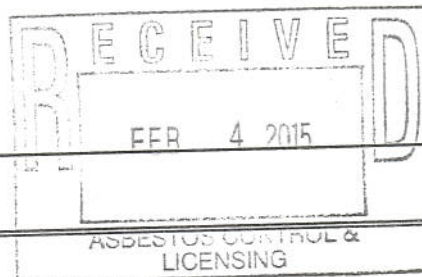
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/11/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/29/2015



CK 005818

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. #: 2015-38



Date of Notification (1) 01/12/1915		Name of Building Owner/Operator (2) karen fallowes	
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 type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 laurel avenue City, State, Zip Code SUMMIT, NJ 07901	
		Name of Contact allen j. gondeck	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) karen fallowes			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 12 laurel avenue			Square Feet # of Floors Bldg. Age		
City (5) SUMMIT	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
			License Number 01169		
Start Date (10) 01/30/15		Sched. Completion Date (11) 02/20/15	Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	74 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kitchen		<input checked="" type="checkbox"/>		VAT	95 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/02/15	City, State TULLYTOWN, PA	Date 01/29/15
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

For asbestos abatement activities, the following are exempted from the requirements of the Act:

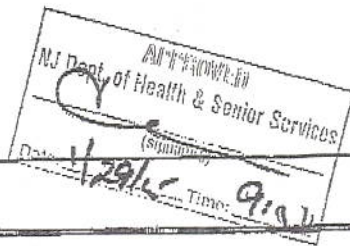


Jan 29 2015 09:50am

P001/001

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. # 4-2015-285



Date of Notification (1) 10/19/12 12/11/15		Name of Building Owner/Operator (2) karen fallowes	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 12 laurel avenue City, State, Zip Code SUMMIT, NJ 07901	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact allen j. gondeck	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) karen fallowes Street Address 12 laurel avenue City (5) SUMMIT County (6) UNION County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169		
Project Manager for Monitoring Firm Phone Number		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 01/30/15 Sched. Completion Date (11) 02/20/15		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		

## Scope of Work (check all that apply)

- ☒ >3 of or >2 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (12)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	74 lf	X			
kitchen		X		VAT	95 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/02/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/29/15

NOCK

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

**RECEIVED**  
FEB 4 2015  
1 of 2  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1 / 30 / 15		Name of Building Owner/Operator (2) Goya Foods, Inc. / Job #1412-4857 Check #6914							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 County Road							
		City, State, Zip Code Jersey City, NJ 07307							
		Name of Contact Matthew Montour	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Goya Maintenance Garage		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 390 New County Road		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-481-6209	License No. 00529						
Start Date (10) 1 / 19 / 15	Scheduled Completion Date (11) 2 / 6 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Entrance to Restroom, Lunch Room #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock joint compound	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof flashing/mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. Northern Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 2/6/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gmt</i>		Date 1/30/15			



57 Check #6914 4 2015 2 of 2

ASB-41  
MAY 11

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

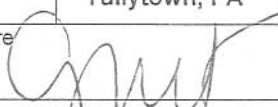
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/30/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ 07080							
		Name of Contact Joe Mannion	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSEG Lumberton Substation		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 386 Main St. (Rt 541)		Square Feet 500	# of Floors 1						
City (5) Lumberton NJ 08048		Bldg. Age 40 plus							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control Room							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address n/a		Street Address 17 Old Dock Rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 631 924-8111						
Start Date (10) 2/10/15		Scheduled Completion Date (11) 2/13/15	License No. 01136						
Name of OSHA Monitor Michael J DiMaria / WRS Supervisor									
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 same as above							
		City, State, Zip Code same as above							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 Roof			x	Asbestos Roof Flashing	75 LF	x			
Name of Registered Waste Hauler Waste Mangement		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill					
City, State Camden NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Michael J DiMaria		Title Proj MGR/ Site Supervisor		Signature <i>Michael J DiMaria</i>			Date 1/30/15		



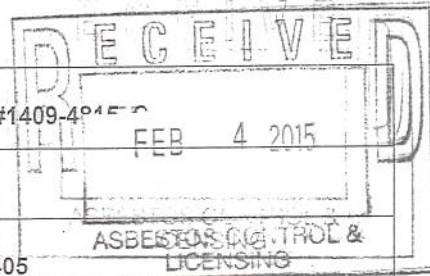
NOCK

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

Date of Notification (1) <u>1</u> / <u>21</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job #1501-4861 Check #</b>		<b>COURTESY</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>		FEB 4 2015					
		City, State, Zip Code <b>South Plainfield, NJ 07080</b>							
		Name of Contact <b>Michael Luciani</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Control House</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>Front Street</b>									
City (5) <b>Scotch Plains</b>			Square Feet	# of Floors	Bldg. Age				
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Control House</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>					
Start Date (10) <u>1</u> / <u>19</u> / <u>14</u>	Scheduled Completion Date (11) <u>2</u> / <u>4</u> / <u>15</u>		Name of OSHA Monitor <b>EMSL Analytical</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/_____PM-_____AM			Street Address <b>200 Route 130 North</b>						
			City, State, Zip Code <b>Cinnaminson, NJ 08077</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 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 of Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	excavated pipe	<u>1,000 LF</u>	<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>Waste Management</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Camden, NJ</b>		Disposal Date <b>2/4/15</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>1/21/15</b>					

NO CK

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

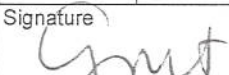


Date of Notification (1) 1 / 28 / 15		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1409-4155							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address FAA Technical Center							
		City, State, Zip Code Atlantic City International Airport, NJ 08405							
		Name of Contact Bob Cook	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center		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 Building #162		Square Feet	# of Floors						
City (5) Atlantic City		Bldg. Age							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical Center							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 318 12 <sup>th</sup> Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 1 / 26 / 15	Scheduled Completion Date (11) 2 / 6 / 15	Name of OSHA Monitor EMSL Analytical							
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/3:30PM-12AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
Furnace Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Handler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	70 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 16	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/6/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1/28/15			



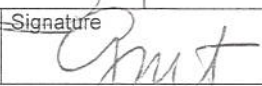
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>1</u> / <u>21</u> / <u>15</u>		Name of Building Owner/Operator (2) State of NJ DPMC/ Job #1412-4857 Check #6958							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street PO Box 034</b>							
		City, State, Zip Code <b>Trenton, NJ 08625-0034</b>							
		Name of Contact <b>John DeAngelo</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Eatontown MVC</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>109 Route #36</b>		Square Feet	# of Floors						
City (5) <b>Eatontown</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Conenction, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Rolly Jones</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <u>1</u> / <u>21</u> / <u>15</u>	Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>15</u>	Name of OSHA Monitor <b>EMSL Analytical</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/____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expansion Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SlopSink Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/30/15</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>1/27/15</b>		

NO CK

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

Date of Notification (1) <div style="text-align: center;">1 / 26 / 15</div>			Name of Building Owner/Operator (2) <b>Federal Aviation Administration / Job #1409-4815. Check #6960</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>FAA Technical Center</b> City, State, Zip Code <b>Atlantic City International Airport, NJ 08405</b> Name of Contact <b>Bob Cook</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>William J. Hughes Tech Center</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>Building #162</b>									
City (5) <b>Atlantic City</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Atlantic</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Technical Center</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No. <b>117</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <div style="text-align: center;">1 / 26 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">1 / 30 / 15</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3:30PM-12AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</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 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
Furnace Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Handler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	70 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"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>16</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>1/30/15</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1/26/15</b>			



10017001  
 11-10-10 00-00PM

**NOTICE** State of New Jersey  
**ASBESTOS ABATEMENT**  
 pursuant to NJAC 8:60 and 5:16)

APPROVED  
 NJ Dept of Health & Senior Services  
 (signature)  
 Date: 1/14/15 Time: 3:00

Date of Notification (1) 01 / 14 / 15		Name of Building Owner/Operator (2) Hiram Quinones Check # 3475	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 42 Iroquois Trail	
		City, State, Zip Code Wayne, New Jersey 07470	
		Name of Contact Hiram Quinones	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 42 Iroquois Trail			Square Feet 3000		
City (5) Wayne, New Jersey 07470			# of Floors 2		Bldg. Age 55+
County (6) Passaic			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories LLC			Current Use (Prior if being demolished) Residence		
Street Address 2333 Route 22 West			Name of Abatement Contractor (9) Lilich Corporation		
City, State, Zip Code Union, New Jersey 07083			Street Address 606 McBride		
Project Manager for Monitoring Firm Sherrill Jelsomino			City, State, Zip Code Woodland Park, New Jersey 07424		
Start Date (10) 01 / 15 / 15			Telephone No. 908-206-0073		License No. 01104
Scheduled Completion Date (11) 01 / 22 / 15			Name of OSHA Monitor J & S Environmental Laboratories LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7 AM - 5 PM			Street Address 2333 Route 22 West		
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			City, State, Zip Code Union, New Jersey 07083		
<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
Attic Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite Insulation	480 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 Lilich Corporation		NJDEP Waste Hauler ID No. 17824	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 01/19/15		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Momo Glavatovic		Title Vice President		Signature 	
				Date 1/14/15	

\* Do not use this form for asbestos licensure exemption

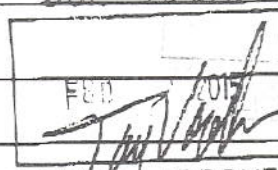
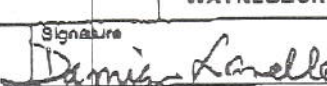


FEB/02/2015/MON 04:08 PM BJDS

FAX No. 215-322-1616

P. 002

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:19)

Date of Notification (1) <b>02 / 02 / 15</b>		Name of Building Owner/Operator (2) <b>Virtua</b>		<b>DOE - 10 DAY</b>  <b>WAIVER APPROVED</b> Telephone Number			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>20 STOW ROAD SUITE 3</b> City, State, Zip Code <b>MARLTON, NJ. 08053</b> Name of Contact <b>PAT GIORDANO</b>	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>VIRTUA MARLTON CAMPUS</b> Street Address <b>90 BRICK ROAD</b> City (5) <b>MARLTON</b> County (6) <b>BURLINGTON</b>						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet <b>&gt;50,000</b> # of Floors <b>5</b> Bldg. Age <b>40</b> County Code (7) (STATE USE ONLY) <b>HOSPITAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX ENVIRONMENTAL</b> Street Address <b>700 TURNER WAY, SUITE 105</b> City, State, Zip Code <b>ASTON, PA 19014</b>		ASCM No. Name of Abatement Contractor (9) <b>DELTA BJDS, INC</b> Street Address <b>1345 INDUSTRIAL BLVD.</b> City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>		Telephone No. <b>610 888-8902</b> Telephone No. <b>215 322-2900</b> License No. <b>00783</b>			
Start Date (10) <b>02 / 03 / 15</b>		Scheduled Completion Date (11) <b>02 / 17 / 15</b>		Name of OSHA Monitor <b>CRITERION LAB</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: <b>7AM-12AM</b>				Street Address <b>3370 PROGRESS DRIVE</b> City, State, Zip Code <b>BENSALEM, PA 19020</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)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TILE AND MASTIC WITH CARPET</b> Amount (Specify SF or LF) <b>125</b>			
ADMINISTRATION		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GRP.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>58 FYLES LANE, NEW CASTLE, DE 19720</b>		Disposal Date City, State <b>WAYNEBURG, OH 44688</b>		Completed By (Print or Type) <b>DAMIAN LAVELLE</b>			
Title <b>PROJECT MGR</b>		Signature 		Date <b>2/2/15</b>			



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

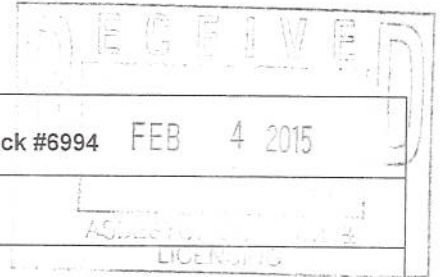
Date of Notification (1) <b>02 / 02 / 15</b>		Name of Building Owner/Operator (2) <b>Virtua</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 STOW ROAD SUITE 3</b>							
		City, State, Zip Code <b>MARLTON, NJ. 08053</b>							
		Name of Contact <b>PAT GIORDANO</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>VIRTURA MARLTON CAMPUS</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>90 BRICK ROAD</b>		Square Feet <b>&gt;50,000</b>	# of Floors <b>5</b>						
City (5) <b>MARLTON</b>		Bldg. Age <b>40</b>							
County (6) <b>BURLINGTON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOSPITAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX ENVIRONMENTAL</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>700 TURNER WAY, SUITE 105</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
City, State, Zip Code <b>ASTON, PA 19014</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>							
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone No. <b>610 558-8902</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>						
Start Date (10) <b>02 / 03 / 15</b>	Scheduled Completion Date (11) <b>02 / 17 / 15</b>	Name of OSHA Monitor <b>CRITERION LAB</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: <b>7AM-_____PM/_____PM-12AM</b>		Street Address <b>3370 PROGRESS DRIVE</b>							
		City, State, Zip Code <b>BENSALEM, PA 19020</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 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)	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>ADMINISTRATION</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TILE AND MASTIC WITH CARPET</b>	<b>125</b>	<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>SERVICE TRANSPORT GRP.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>58 PYLES LANE, NEW CASTLE, DE 19720</b>				Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>DAMIAN LAVELLE</b>		Title <b>PROJECT MGR</b>		Signature <i>Damian Lavelle</i>		Date <b>2/2/15</b>			

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

Date of Notification (1) 1/29/15		Name of Building Owner/Operator (2) New Jersey Department of Human Services							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	222 South Warren Street							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Ted Wardencki	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ancora Psychiatric Hospital (Residence)		Type of Facility (4)							
Street Address 49 Fern Avenue		<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) Ancora		Square Feet 1,600	# of Floors 1 Bldg. Age 30+						
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Residence							
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 111 Wood Avenue South		Street Address 152 Route 206 South							
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm Kevin Herrigthy		Telephone No. 973-912-2480	Telephone No. 908-218-0880 License No. 01228						
Start Date (10) 2/9/15	Scheduled Completion Date (11) 2/19/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		152 Route 206 South							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
<input type="checkbox"/> Other - Describe: _____		Hillsborough, NJ 08844							
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 checked="" type="checkbox"/> Glovebag Procedure									
<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement & Crawlspace			x	Mg Composite Pipe Insulation	300 LF	x			
Basement			x	Floor Tile & Associated Mastic	90 SF	x			
1st Floor Kitchen (sink)			x	White Soundproofing	12 SF	x			
Exterior			x	Roof Flashings	20 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10 CY	Name of Registered Landfill G.R.O.W.S.					
City, State Hillsborough, NJ			Disposal Date 9/23/14	City, State Morrisville, PA					
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>	Date 1/29/15					



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



Date of Notification (1) <div style="text-align: center;">1 / 30 / 15</div>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b> / Job #1501-4860 Check #6994 <b>FEB 4 2015</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>4000 Hadley Road</b>	
		City, State, Zip Code <b>South Plainfield, NJ 07080</b>	
		Name of Contact <b>Andrew Yassa</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Control House</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>56 Nelson Avenue</b>		Square Feet	# of Floors
City (5) <b>Paramus</b>		Bldg. Age	
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Control House</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>	Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <div style="text-align: center;">2 / 9 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 20 / 15</div>	Name of OSHA Monitor <b>EMSL Analytical</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 / _____ PM - _____ AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

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) <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
Control House Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	308 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Floor Panels	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Duct Conduit	900 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"/>

Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Camden, NJ</b>		Disposal Date <b>2/20/15</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>1/30/15</b>	



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-17

Check # 7063

Date of Notification (1)

01/13/15

Name of Building Owner/Operator (2)

Robert Immediato

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address

14 Springhill Road

City, State, Zip Code

Randolph, NJ 07869

Name of Contact

Robert Immediato

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Robert Immediato

Street Address

14 Springhill Road

City (5)

Randolph, NJ 07869

County (6)

Morris

County Code (7)  
(State use only)

Type of Facility (4)

- ☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

n/a

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

02/09/2015

Sched. Completion Date (11)

02/10/2015

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

LincolnPark, NJ 07035

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☐ Other-Describe: \_\_\_\_\_

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☐ Full Containment w/negative pressure

☐ Glovebag procedure

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☒ Mini-enclosure

☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
kitchen area			<input checked="" type="checkbox"/>	linoleum	35 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"/>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ

Disposal Date  
02/10/2015

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature

*Gordana Luna*

Date  
01/30/2015