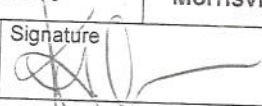


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>2</u> / <u>5</u> / <u>15</u>		Name of Building Owner/Operator (2) Matrix Construction Services, LLC							
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 Forsgate Drive, CN 4000							
		City, State, Zip Code Cranbury, NJ 08512							
		Name of Contact Mark Oppenheim	Telephone Number 732-221-2000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		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 1 Heller Park Lane		Square Feet 324,337	# of Floors 1						
City (5) Franklin		Bldg. Age 1983							
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial - Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 336		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400						
Start Date (10) <u>2</u> / <u>23</u> / <u>15</u>		Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>15</u>	License No. 00862						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.							
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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure Negative Pressure Enclosure		Street Address 200 U.S. Route 130 North							
City, State, Zip Code Cinnaminson, NJ 08077									
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
Vestibules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vertical Wall Caulk	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated Platform	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 2/27/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 2-5-15		

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

RECEIVED

2015 FEB 10 PM 1:30
Job #1501-1953 Chg #3903

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01 / 28 / 15		Name of Building Owner/Operator (2) Burlington Net Holdings							
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 141 Ayers Court Suite 1A						
			City, State, Zip Code Teaneck, NJ 07666						
			Name of Contact Steven Yenowitz						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington Carpet One (Vacant)		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 1204 North Route 130		Square Feet 12,851	# of Floors 1						
City (5) Burlington		Bldg. Age 1965							
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space						
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 16 West Elizabeth Avenue		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301	Telephone No. 609-702-0400						
Start Date (10) 2 / 4 / 15		Scheduled Completion Date (11) 2 / 6 / 15	License No. 00862						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Name of OSHA Monitor EMSL Analytical, Inc.							
		Street Address 200 U.S. 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 checked="" type="checkbox"/> I Negative Pressure Enclosure <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 2/6/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 2-4-15		

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

CK #24730

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

RECEIVED

2015 FEB 10 PM 1:09

Date of Notification (1) <u>2/6/15</u>		Name of Building Owner/Operator (2) <u>Letter Perfect Homes, Inc.</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial - <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>PO Box 4945</u>						
		City, State, Zip Code <u>Clinton, NJ 08809</u>						
		Name of Contact <u>Tom Bucsku</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>110 S. Main St.</u>		Square Feet <u>1600</u>	# of Floors <u>2</u>					
City (5) <u>Pennington, NJ 08534</u>		Bldg. Age <u>80+/-</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>2/16/15</u>	Scheduled Completion Date (11) <u>2/17/15</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
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 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
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>35 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>2/18/15</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/6/15</u>					

CKP 24731

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

RECEIVED

2015 FEB 10 PM 1:00


Date of Notification (1) <u>2/6/15</u>		Name of Building Owner/Operator (2) <u>Chambers Properties</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>20 Nassau Street</u>							
		City, State, Zip Code <u>Princeton, NJ 08542</u>							
		Name of Contact <u>Peter Madison</u>	Telephone Number <u>(609) 224-2201</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Store</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>20 Nassau St</u>									
City (5) <u>Princeton, NJ 08542</u>		Square Feet <u>10000</u>	# of Floors <u>4</u>						
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>2/16/15</u>		Scheduled Completion Date (11) <u>2/17/15</u>	License No. <u>00493</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Name of OSHA Monitor <u>MECS</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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
<u>Basement/Closet</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>20 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>2/18/15</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 				Date <u>2/6/15</u>			

CK 10462

#15012

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

RECEIVED

Date of Notification (1) <u>2</u> / <u>6</u> / <u>15</u>		Name of Building Owner/Operator (2) 350 Carter Road, LLC		2015 FEB 10 PM 1:07					
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 650 College Road East City, State, Zip Code Princeton, NJ 08540		ASBESTOS CONTROL & LICENSING				
			Name of Contact Bob Kupsch		Telephone Number				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 350 Carter Road			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 350 Carter Road									
City (5) Princeton, NJ 08540			Square Feet 76,000	# of Floors 1	Bldg. Age 47				
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies,		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) <u>2</u> / <u>20</u> / <u>15</u>		Scheduled Completion Date (11) <u>2</u> / <u>22</u> / <u>15</u>		Name of OSHA Monitor AET					
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: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM			Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	39 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Canopy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature 		Date 2-6-15				

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

EDS15-029

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

check # 1402
 Page 1 of 1

RECEIVED

Date of Notification (1) 2-2-2015		Name of Building Owner/Operator (2) Asbury Park Board of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 603 Mattison Avenue, 3rd Floor								
		City, State, Zip Code Asbury Park, NJ 07712								
		Name of Contact Lewis Griffin	Telephone Number (732) 776-0050							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Asbury Park High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1003 Sunset Avenue		Square Feet 30,000+	# of Floors 3							
City (5) Asbury Park		Bldg. Age 40+								
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School								
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc							
Street Address PO Box 385		Street Address 140 Hamburg Turnpike								
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. 201-710-9725							
License No. 01084		Start Date (10) 2-12-2015 at 2.30 pm								
Scheduled Completion Date (11) 2-17-2015		Name of OSHA Monitor GL Group, Inc								
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 140 Hamburg Turnpike								
		City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Auditorium Balcony		X		VAT & Mastic	2,450 SF	X				
Auditorium Balcony Room Dividers		X		Sheetrock/Joint Compound	1,500 SF	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows						
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 2-2-2015				

CK 3833

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

RECEIVED

Date of Notification (1) February 6, 2015		Name of Building Owner/Operator (2) Cocca Development LTD	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 DeBartolo Place, Suite 400	
		City, State, Zip Code Boardman, OH 44512	
		Name of Contact Loni Cocca	Telephone Number

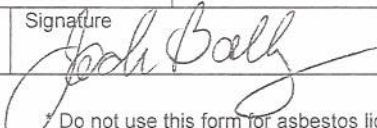
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Manishevitz Property		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 214 N. Delsea Drive		Square Feet 45,000	# of Floors 2	Bldg. Age 50+
City (5) Vineland	County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Food Processing	
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates, LLC		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 1012 Industrial Drive		Street Address 407 W. Lincoln Highway, Suite 500		
City, State, Zip Code West Berlin, NJ 08091		City, State, Zip Code Exton, PA 19341		
Project Manager for Monitoring Firm Scott Magee		Telephone No. 856-809-1202	Telephone No. 484-872-8884	License No. 01161
Start Date (10) 2/23/15	Scheduled Completion Date (11) 4/23/15		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
Front Office			X	Gypsum wall board joint compound	3,250 SF	X			
Second Floor Office and break room			X	Transite	12,000 SF	X			
Front Office/Second Floor Office			X	VAT and mastic	3,670 SF	X			
Front Office			X	Glue daubs	1,250 SF	X			

Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 600	Name of Registered Landfill Cumberland County Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Millville, NJ	
Completed by Jack Bally	Title Sr. Project Manager	Signature 		Date 2/6/15	

N.J. Dept. of Health & Senior Services
 Signature: [Signature]
 Date: 1/29/15 Time: 2:35

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

CK# 1053

Date of Notification (1) Jan 29, 2015		Name of Building Owner/Operator (2) City of Paterson								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DQL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 111 Broadway								
		City, State, Zip Code Paterson, NJ 07501								
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 359 10th Ave.		Square Feet	# of Floors							
City (5) Paterson		Bldg. Age 50+								
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House for Demo								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950							
Start Date (10) Jan 30 2015		Scheduled Completion Date (11) Feb 6 2015	License No. 01193							
Name of OSHA Monitor Loznica Management Corp		Street Address 22 Troy Lane								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		City, State, Zip Code Lincoln Park NJ 07035								
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> LINE DUMPSTERS & WET MATERIAL Full Containment with Negative Pressure Mini-Enclosure Glovabag Procedure Non-Exempted (*) and Non-Fragile Procedures								
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	
Entire House			X	To be disposed of as ACM	TBD	X				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill						
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 19067						
Completed by E. Cirovic		Title Secretary	Signature [Signature]				Date Jan 29			

Feb 06 15 03:34p

Resource Management

8569144651

p.3

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:80 and 12:120)

5-DAY - 10 DAY

WAVIVER APPROVED

Date of Notification (1) 02-06-2015		Name of Building Owner / Operator (2) 160-170 Main St Hackensack NJ LLC	
Agencies Notified	Type Notification	Street Address 2025 Lincoln Highway, Suite 202	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Hackensack NJ, 07601	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Sherghon Akilani	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DDH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Retail Building			Type of Facility (4)		
Street Address 164 Main Street			<input type="checkbox"/> School (K-12)		
City (5) Hackensack NJ, 07601			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Bergen		County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Square Feet 20,000		# of Floors 4 (including basement)	Bldg. Age 100		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			ASGM No. 117		
Street Address P.O. Box 385			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Berlin, NJ 08009			Street Address 2115 Hamilton Ave. Suite 202		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 659-452-1311	City, State & Zip Code Trenton, NJ 08618		License Number 609-977-6159
Scheduled Start Date (10) 02-09-2015		Scheduled Completion Date (11) 02-27-2015	Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Union, NJ 07083		
<input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9am- to 5:00pm					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

<input type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> 2160 sf 2260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
		<input checked="" type="checkbox"/>		Floor tile & mastic	1,250	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0036216	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian J Haney	Title President	Signature <i>[Signature]</i>	Date 02/06/2015

CIVILIC #
3836

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

RECEIVED

Date of Notification (1) <u>2/6/15</u>		Name of Building Owner/Operator (2) <u>D. K. C.</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>661 ROUTE 9</u>						
		City, State, Zip Code <u>CAPE MAY</u>						
		Name of Contact <u>P. K. C.</u>						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>1323 MARYEARS LN</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>					
City (5) <u>CAPE MAY</u>		Bldg Age <u>40+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMO INC.</u>						
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>					
Start Date (10) <u>2/16/15</u>	Scheduled Completion Date (11) <u>2/23/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sl or ≥3 ll <input type="checkbox"/> ≥160 sl or ≥260 ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
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	Encasement	Encapsulation
<u>SIPWCa</u>			<u>TRANSITE</u>	<u>26000</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>2/6/15</u>				

CHECK #
3636

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:27)

RECEIVED

Date of Notification (1)	Name of Building Owner/Operator (2)
2/6/85	AMERICAN CONTRACTORS SERVICES
Address	2547 FIRE ROAD - UNIT A-1
City, State, Zip Code	606 HANCOCK TWP. N.J. 08234
Name of Contact	Telephone Number
Downa	

Type of Facility (4)	Other (i.e. private & commercial buildings, homes, etc.)	
RESIDENCE		
Address	65 N. ROUTE 78	
County	WINDSOR TWP.	
County Code (1) (STATE USE ONLY)	CAMDEN	
Square Feet	Floor	Block Age
1000 sq ft	2	40 Y
Current Use (Prior to being demolished)	VACANT	

Name of Abatement Contractor (9)	ASCM No.
KLEMM INC.	
Address	369 S. SPRING AVE
City, State, Zip Code	MAPLE SHADE N.J. 08012
Telephone No	License No
856-774-0422	00444

Name of OSHA Monitor	Scheduled Completion Date (11)
JOSEPH KLEMM	2/23/85
Address	369 S. SPRING AVE
City, State, Zip Code	MAPLE SHADE N.J. 08012

Facility Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Normal Penetration Outside of Normal Facility Hours

Other Describe

Location of Asbestos Containing Material (ACM) to be Abated (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)			Description of Asbestos Containing Material (ACM) i.e. thermal systems insulation, roofing, VAI, or other miscellaneous	Amount (Specify SF or LF)	Notes
	Y	N	UNK			
BUILDING			X	TRANSITE	1500 sq ft	X

Name of Responsible Person	NJOCB Waste Form No	Cubic Yards of Waste	Disposal Date
GROWS	17904		
City, State	Signature	Date	
MORRISVILLE, PA	Joseph Klemm	2/6/85	

* Do not use this form for asbestos abatement exempted activities

CR 21014
3561

CK 3635

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

RECEIVED

Date of Notification (1) 2/5/15 Name of Building Owner/Operator (2) EARTHTECH CONTRACTING
 Agencies Notified: EPA, DEP, DOH, DOA Type Notification: Initial, Amended, Amendment #, Emergency including justification, Concurrence
 Street Address: 155 ASBESTOS CONTROL
 City, State, Zip Code: GREENFIELD N.J. 08230
 Name of Contact: BRUCE BREUNIG Telephone Number: _____

FACTORY INFORMATION
 Name of Facility Where Abatement is Taking Place (3) RESIDENCE Type of Facility (4): School (K-12), Subchapter S (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)
 Street Address: 744 1/2 WEST AVE. Square Foot: 1000 # of Floors: 2 Bldg Age: 40 Y
 City (5): OLEAN CITY County Code: CAPE MAY USE Desc: VACANT
 County (6): CAPE MAY Current Use (Prior to being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (7) N/A ASO# No. _____ Name of Abatement Contractor (9) KLEMMCO INC.
 Street Address: 369 S. SPRUCE AVE.
 City, State, Zip Code: MAPLE SHADE, N.J. 08052
 Project Manager for Monitoring Firm: _____ Telephone No.: 856-779-0472 License No.: 20444
 Sign Date (10): 2/16/15 Scheduled Completion Date (11): 2/23/15 Name of OSHA Monitor: JOSEPH KLEMM
 Street Address: 369 S. SPRUCE AVE.
 City, State, Zip Code: MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement; Abatement Performed Outside of Normal Facility Hours; Other: Describe _____
 Scope of Work (Check all that apply): 23 CFR 227, 23 CFR 228, Renovation, Demolition, Full Containment with Negative Pressure, Win-Enclosure, Glovebag Procedure, Non-Exempted (1) and Non-Frable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (12)	Is Location Normally Used Solely by Maintenance Custodian Staff (12)			Description of Asbestos Containing Material (ACM): e.g., thermal systems insulation, surfacing, V.A.T. or other miscellaneous	Amount (Specify SF or LF)	Asbestos Removal	Status
	YES	NO	N/A				
<u>SIPING</u>			<u>X</u>	<u>TRADRITE</u>	<u>3000 LF</u>	<u>X</u>	

Name of Registered Waste Hauler: KLEMMCO INC. NJDEP Waste Hauler ID No.: 12907 Cubic Yards of Waste: 5 Disposal Date: _____
 Name of Registered Landfill: C.M.C.M.U.A. City, State: WOODBINE, N.J.
 Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 2/5/15

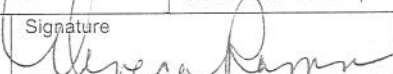
RECEIVED

ASBESTOS CONTROL

CK 19880

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

RECEIVED

Date of Notification (1) 2/5/2015		Name of Building Owner/Operator (2) OCEAN COUNTY COLLEGE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 COLLEGE DRIVE							
		City, State, Zip Code TOMS RIVER, NJ 08754							
		Name of Contact JOSE FIERRO		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OCEAN COUNTY COLLEGE - INSTRUCTIONAL BUILDING			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 1 COLLEGE DRIVE			Square Feet	# of Floors	Bldg. Age				
City (5) TOMS RIVER		County (6) OCEAN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. (732) 390-5858	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 2/17/2015		Scheduled Completion Date (11) 3/13/2015		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
THRUOUT EXTERIOR ROOMS		X		BLACK COMPOSITE WINDOW	600 SF	X			
				SILLS					
BETWEEN ROOMS 207 & 208		X		CEMENT FIBER BOARD	80 SF	X			
THRUOUT BLDG INT. HALLWAYS		X		EXPANS. SEAM JOINT CAULK	200 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 3/13/2015		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 		Date 2/5/2015				

No CK

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

RECEIVED

Date of Notification (1) 2/2/15		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended- R#1-2/5/15 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road	
		City, State & Zip Code Mt. Holly, NJ 08060	
		Name of Contact Steven G. Stypinski	
Telephone Number			

2015 FEB 11 10:59 AM
ASBESTOS CONTROL & LICENSE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse			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 49 Rancocas Road			Square Feet 80,000	# of Floors 4	Bldg. Age 60 Years
City (5) Mt. Holly	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Courts		

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton NJ 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	

Scheduled Start Date (10) 2/3/15	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor Bristol Environmental Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 3:00 PM – 11:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street			
		City, State & Zip Code Bristol, PA 19007			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area: Bathrooms, Basement & 1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	68 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 50	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 2/2/15

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

APPROVED: PAUL HORNER, NJD.

Ch# 2757

Date of Notification (1) 2/2/15		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road	
		City, State & Zip Code Mt. Holly, NJ 08060	
		Name of Contact Steven G. Stypinski	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse			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 49 Rancocas Road			Square Feet 80,000	# of Floors 4	Bldg. Age 60 Years
City (5) Mt. Holly	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Courts		

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton NJ 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	

Scheduled Start Date (10) 2/3/15	Scheduled Completion Date (11) 2/4/15	Name of OSHA Monitor Bristol Environmental Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 3:00 PM – 11:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street			
		City, State & Zip Code Bristol, PA 19007			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area: Bathrooms, Basement & 1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	68 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 50	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date		City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro / jf</i>		Date 2/2/15

CK 10425

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

RECEIVED

Date of Notification (1) <u>2</u> / <u>5</u> / <u>15</u>		Name of Building Owner/Operator (2) ExxonMobil Research and Engineering								
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>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Billingsport Rd.								
		City, State, Zip Code Paulsboro, NJ 08066								
		Name of Contact Emil Szymczak	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Building #9		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 600 Billingsport Rd.		Square Feet 125,000	# of Floors 2							
City (5) Paulsboro, NJ 08066		Bldg. Age 40+								
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Research								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 34 E. Germantown Pike #204		Street Address 550 East Union St.								
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code West Chester, PA 19382								
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	Telephone No. 610-701-9000							
			License No. 00508							
Start Date (10) <u>2</u> / <u>10</u> / <u>15</u>	Scheduled Completion Date (11) <u>2</u> / <u>10</u> / <u>15</u>	Name of OSHA Monitor EMI								
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: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM		Street Address 34 E. Germantown Pike								
		City, State, Zip Code E. Norriton, PA 19401								
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	
Lab 9030	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill Gloucester County						
City, State Paulsboro, NJ		Disposal Date TBD		City, State Swedesboro, NJ						
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature 				Date 2-5-15			

2015 FEB 13 AM 10:50
ASBESTOS CONTROL & LICENSING

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

CK 009388

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

RECEIVED

Date of Notification (1) 1/29/15		Name of Building Owner/Operator (2) Vincent & Kathleen Campi										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 614 Mercer Avenue		City, State, Zip Code Spring Lake Heights, NJ 07762 Name of Contact Tom Degnan Telephone Number _____							
			City, State, Zip Code Spring Lake Heights, NJ 07762									
			Name of Contact Tom Degnan									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 614 Mercer Avenue			Square Feet 1,250									
City (5) Spring Lake Heights			# of Floors 1	Bldg. Age 50+								
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Residence									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.									
Street Address		Street Address 152 Route 206 South										
City, State, Zip Code		City, State, Zip Code Hillsborough, NJ 08844										
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880	License No. 01228								
Start Date (10) 2/17/15		Scheduled Completion Date (11) 2/18/15		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.								
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 152 Route 206 South									
			City, State, Zip Code 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
				<i>Wrap & Cut</i>								
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
Basement				x	Pipe		300 LF		x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.			NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 5 CY	Name of Registered Landfill G.R.O.W.S.							
City, State Hillsborough, NJ			Disposal Date 2/19/15		City, State Morrisville, PA							
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 2/3/15						

CK 005823

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

D&S Proj. #: 15-43

RECEIVED

Date of Notification (1) 10 11 / 13 11 / 11 15		Name of Building Owner/Operator (2) Julius Samel	
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 209 No. 3rd Avenue	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Highland Park, NJ 08904	
		Name of Contact Julius Samel	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 209 No. 3rd Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Highland Park	County (6) Middlesex County	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) 02/09/2015	Sched. Completion Date (11) 02/12/15	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"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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	250 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/18/2015	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/31/2015

PK 1454

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

RECEIVED

Date of Notification (1) 2-5-2015		Name of Building Owner/Operator (2) Cottage Street Station Development, LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 210 South Street		City, State, Zip Code New Providence, NJ 07922					
		Name of Contact James Cubbon		Telephone Number					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 10 Cottage Street			Square Feet 40000+	# of Floors 1	Bldg. Age 60+				
City (5) Berkeley Heights, NJ 07922		County (6) Union		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address			Street Address 235 Virginia Avenue						
City, State, Zip Code			City, State, Zip Code Jersey City, NJ 07304						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 2-17-2015		Scheduled Completion Date (11) 3-3-2015		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Roof		x		Roofing Material	3900SF	x			
Window-Door		x		Caulk	150LF	x			
Windows		x		Window Glazing	675LF	x			
Exterior Wall		x		Plaster/Coating	50SF	x			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. North landfill				
City, State Jersey City, NJ		Disposal Date 3-3-2015		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager		Signature <i>Liliana Serrano</i>		Date 2-5-2015			

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)**

check 5490

Date of Notification (1) 2-6-15		Name of Building Owner/Operator (2) R. MUMMEY				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 RITTEN HOUSE ROAD				
		City, State, Zip Code STOCKTON, NJ 08559				
		Name of Contact R. MUMMEY				
Telephone Number						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) R. MUMMEY		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 105 BROAD STREET		Square Feet 3000..	# of Floors 2			
City (5) FLEMINGTON				Bldg. Age 95 YRS		
County (6) HUNTERDON		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (5)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 2-16-2015		Scheduled Completion Date (11) 2-17-2015				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 IF <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 IF		Street Address 280 Huyler St				
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code S. Hackensack, N.J. 07606				
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		✓ THERMAL INSULATION	120 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1'12 YDS	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 2-17-2015	City, State Waynesburg, Oh, 44688			
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 2-6-15			

ASB-41

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

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

check 5488

Date of Notification (1) 2-6-15		Name of Building Owner/Operator (2) R. MUMMEY							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 RITTEN HOUSE ROAD							
		City, State, Zip Code STOCKTON NJ 08559							
		Name of Contact R. MUMMEY							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) R. MUMMEY		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 103 BROAD STREET		Square Feet 3000..	# of Floors 2						
City (5) FLEMINGTOWN		Bldg. Age 95 YRS							
County (6) HUNTERDON		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Street Address 450 South River St						
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444						
			License No. 00388						
Start Date (10) 2-16-2015	Scheduled Completion Date (11) 2-17-2015	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler St							
		City, State, Zip Code S. Hackensack, N.J. 07606							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			<input checked="" type="checkbox"/>	THERMAL INSULATION	75 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YDS	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, N.J. 07601		Disposal Date 2-17-2015	City, State Waynesburg, Oh, 44688						
Completed by R. Veldran	Title Estimator	Signature R. Veldran		Date 2-6-15					

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

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

CK# 1278
RECEIVED

Date of Notification (1) <u>02</u> / <u>05</u> / <u>15</u>		Name of Building Owner/Operator (2) Respond Daycare Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 532 State St.							
		City, State, Zip Code Camden, N.J.							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Respond Daycare		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 400 N. 9th Street		Square Feet 3500Sf	# of Floors 3 Floors						
City (5) Camden		Bldg. Age 75 yrs.							
County (6) US; Camden CO.		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Daycare						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address 413 N. Black Horse Pike		Street Address 14 Read Drive							
City, State, Zip Code Runnemeda		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856-482-1311	License No. 01158						
Start Date (10) <u>02</u> / <u>13</u> / <u>15</u>		Scheduled Completion Date (11) <u>02</u> / <u>16</u> / <u>15</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / _____ PM - _____ AM		Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement (Boiler room)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal Systems Insulation	5 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement (Boiler Room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<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"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date 02/16/2015	City, State 1513 Brodentown Rd. Morrisville, PA						
Completed By (Print or Type) Vernice Graham		Title President	Signature <i>Vernice Graham</i>			Date 2-5-15			

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

Emergency

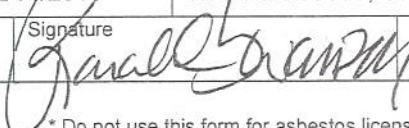
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CP 4639

Date of Notification (1) 2/6/15		Name of Building Owner/Operator (2) Jeff Hueston Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1044 Mill Creek							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Jeff		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jeff Hueston Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1044 Mill Creek				Square Feet 1000	# of Floors 1				
City (5) Manahawkin NJ 08050				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address			Street Address PO Box 329						
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 2/7/15	Scheduled Completion Date (11) 2/11/15		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure				
				<input 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
Exterior Siding			x	Exterior Siding	1000 SF	x			
Through Out			x	Floor Tile	800 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ 08091		Disposal Date 2/11/15	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 		Date 2/6/15				

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

RECEIVED
 Check # 1577

Date of Notification (1) 02/05/2015		Name of Building Owner/Operator (2) KYLE HOMER								
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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 SOUTH MAIN STREET								
		City, State, Zip Code MULLICA HILL NJ 08062								
		Name of Contact KYLE HOMER	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 44 SOUTH MAIN STREET		Square Feet 4372	# of Floors 3							
City (5) MULLICA HILL		Bldg. Age 243								
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 904 KINGS ARM DRIVE		Street Address 570 CLEMS RUN								
City, State, Zip Code DOWNTOWNTOWN, PA 19335		City, State, Zip Code MULLICA HILL NJ 08062								
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363	Telephone No. 610-304-4676							
			License No. 01145							
Start Date (10) 02/09/2015	Scheduled Completion Date (11) 02/10/2015	Name of OSHA Monitor EMSL								
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 200 RT. 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 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	
BASEMENT			X	PIPE INSULATION WRAP	15 LF	X				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA LANDFILL						
City, State MULLICA HILL, NJ		Disposal Date 02/11/2015		City, State WAYNESBURG, OH						
Completed by RON SWANSON		Title GM	Signature 				Date 02/05/2015			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

Check#2107

Emergency notification

Date of Notification (1) 02 / 06 / 15		Name of Building Owner/Operator (2) Doris Mincey	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 37 Grumman Avenue	
		City, State, Zip Code Newark, NJ 07112	
		Name of Contact Charles Holmes	

02/11/15
 (Signature)
 NJ Department of Health & Senior Services
 OPERATIONAL CONTROL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 37 Grumman Avenue		Square Feet	# of Floors
City (5) Newark, NJ 07112		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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 02 / 08 / 15	Scheduled Completion Date (11) 02 / 09 / 15	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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 >250 lf	<input type="checkbox"/> Demolition

Clean up and decontamination with negative pressure
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure Tent with Negative Pressure
 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/06/2015

ASB-21
MAY 11

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) February 6, 2015		Name of Building Owner/Operator (2) Gloria Garland	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address P O Box 65	
		City, State, Zip Code Rumson, NJ 07760	
		Name of Contact Gloria Garland	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 15 Osborne Place			Square feet 1500 sf		
City Sea Bright		County (6) Monmouth	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 85
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 2/6/15		Scheduled Completion Date (11) 2/9/15		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[x] Renovation [] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [x] Glovebag Procedure [] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Attic		X		Asbestos pipe insulation	150 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/10/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 2/6/2015		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) <p style="text-align: center;">February 6, 2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Seminole Construction</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <p style="text-align: center;">128 Bartlett Avenue</p>
			City, State, Zip Code <p style="text-align: center;">West Creek, NJ 08092</p>
			Name of Contact <p style="text-align: center;">Joyce</p>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			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 <p style="text-align: center;">116 Marlin Road</p>			Square feet <p style="text-align: center;">1000 sf</p>		
City <p style="text-align: center;">Tuckerton</p>			# of Floors <p style="text-align: center;">1</p>		
County (6) <p style="text-align: center;">Ocean</p>		County Code (7) (STATE USE ONLY)		Bldg. Age <p style="text-align: center;">60</p>	
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
City, State, Zip Code			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
Project Manager for Monitoring Firm		Telephone Number		City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>	
Scheduled Start Date (10) <p style="text-align: center;">2/6/15</p>		Scheduled Completion Date (11) <p style="text-align: center;">2/9/15</p>		Telephone Number <p style="text-align: center;">732-349-9932</p>	
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 _____			License Number <p style="text-align: center;">00624</p>		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>		
			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
			<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			R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>		NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>		Cubic Yards of Waste <p style="text-align: center;">3</p>		Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>	
City, State <p style="text-align: center;">Toms River, New Jersey</p>		Disposal Date <p style="text-align: center;">2/10/15</p>		City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>			
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>		Title <p style="text-align: center;">Project Manager</p>		Signature 		Date <p style="text-align: center;">2/6/15</p>	

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

CK 8673

Feb 5 2015 08:22am

P001/001

RECEIVED

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

CHECK # 8667

Date of Notification (1) 2/5/15		Name of Building Owner/Operator (2) MR + MRS. GARFEN		NJ Dept. of Health & Senior Services							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 17 TIMBERLINE DRIVE							
		City, State, Zip Code PENNINGTON NJ 08534		Date: 2/5/15 Time: 7:10							
		Name of Contact BARB HAMEY		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) MR + MRS GARFEN			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 17 TIMBERLINE DRIVE			Square Feet 1450	# of Floors 2	Bldg. Age 60						
City (5) PENNINGTON		County (6) MERCER		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc							
Street Address			Street Address 185 Vreeland Ave.								
City, State, Zip Code			City, State, Zip Code Midland Park, NJ 07432								
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) -2/5/15	Scheduled Completion Date (11) 2/7/15		Name of OSHA Monitor Omega Environmental Services Inc.								
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 280 Huyer Street								
			City, State, Zip Code Hackensack, NJ 07606								
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 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) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulation	Enclosure
BASEMENT GARAGE		X		TRANSIT		532 SF		X			
Name of Registered Waste Hauler Newark Carting, Inc			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State, Zip Code Newark, NJ 07105			Disposal Date 2/5/15		City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald		Title President		Signature R. McDonald		Date 2/5/15					

CK 27140

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

Date of Notification (1) 2 / 5 /15		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 126 E. LINCOLN AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact MIKE LATRONICA	Telephone Number

RECEIVED
 2/5/15
 ASBESTOS CONTROL
 & LIBRARY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BLDG. 60			Square Feet 110,200	# of Floors 6	Bldg. Age 80
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PHARMACEUTICAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 2 / 6 /15 Month Day Year		Sched. Completion Date (11) 2 / 6 /15 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: FRIDAY 10 AM- 8 PM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR ELECTRIC CLOSET			X	PIPE INSULATION	6 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERV 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTBOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 2/5/15	

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

APPROVED
 N.J. Dept. of Health & Senior Services
 (Signature)
 2/5/15 Time 9:24

Date of Notification (1) 2 / 5 /15		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact MIKE LATRONICA	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> EMERGENCY NOTIFICATION		

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4)		
Street Address 126 EAST LINCOLN AVENUE - BLDG. 60				<input type="checkbox"/> School (K-12)		
City (5) RAHWAY				<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) UNION				<input checked="" type="checkbox"/> Other (i.e. private & commcl. bldgs., homes, etc.)		
County Code (7) (STATE USE ONLY)				Square Feet 110,200	# of Floors 6	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				Current Use (Prior if being demolished) PHARMACEUTICAL		
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				City, State, Zip Code SUFFERN, NEW YORK 10901		
Telephone Number 973-729-5849				Telephone Number 845-369-7500		License Number 1101
Expected Start Date (10) 2 / 6 /15		Sched. Completion Date (11) 2 / 6 /15		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		

Occupancy Status During Abatement (Check only one)				Street Address 117 EAST 30TH STREET		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State, Zip Code NEW YORK, NEW YORK 10016		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:						
<input checked="" type="checkbox"/> Other - Describe: FRIDAY 10 AM- 8 PM						
Scope of Work (Check all that apply)				Abatement Type		
<input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> >3SF OR LF				<input type="checkbox"/> Mini-Enclos.		
<input type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			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	ENCAPSULE	ENCLOSURE
3RD FLOOR ELECTRIC CLOSET			X	PIPE INSULATION	6 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 53		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 6	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 2/6-2/7/15		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 2/5/15	

OK# 2567

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

RECEIVED

Date of Notification (1) 2/7/15		Name of Building Owner/Operator (2) Aaron Harmon							
Agencies Notified <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		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 23 Livingston Lane		City, State, Zip Code Manalapan, New Jersey 07726							
Name of Contact Susan		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Harmon Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 23 Livingston Lane		Square Feet 2200	# of Floors 2						
City (5) Manalapan		Bldg. Age 55+							
County (6) Monmouth		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) Residence		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 2/16/15		Scheduled Completion Date (11) 2/19/15							
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 Other - Describe: 7AM-7PM		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 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		Street Address							
		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
indoors			X	trans. to vent pipes	16 LF			X	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 0		Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey		Disposal Date 2/19/15		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>[Signature]</i>		Date 2/7/15			

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

CK# 2567

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

Date of Notification (1) 2/7/15		Name of Building Owner/Operator (2) Joseph Grato - Pheasant Ridge Farm LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2098 Jacksonville-Jobstown Rd		City, State, Zip Code Springfield Township, New Jersey							
Name of Contact John		Telephone Number 908-440-0007							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pheasant Ridge Farm		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 2098 Jacksonville-Jobstown Rd		Square Feet 2000	# of Floors 2						
City (5) Springfield Township		Bldg. Age 60+							
County (6) Burlington		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) Horse and Farm/Barns									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address 95 Montrose Road		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
City, State, Zip Code Colts Neck, N.J. 07722		Street Address 95 Montrose Road							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 2/23/15	Scheduled Completion Date (11) 3/16/15	Name of OSHA Monitor							
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 Other - Describe: 7am-7pm		Street Address							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
House, all buildings, barn, barn exterior				Asbestos roof	18,000 lf	<input checked="" type="checkbox"/>			
barn				Ceiling transite	3600	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60	Name of Registered Landfill Chris					
City, State Newark, New Jersey		Disposal Date 3/16/15		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature [Signature]		Date 2/7/15			

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

MO#22302805522

RECEIVED

Date of Notification (1) 02 / 06 / 15		Name of Building Owner/Operator (2) John Tsinetakes	
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 Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 114 South Second Avenue	
		City, State, Zip Code Highland Park, NJ 08904	
		Name of Contact John Tsinetakes	Telephone Number 3

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 114 South Second Avenue		Square Feet	# of Floors
City (5) Highland Park, NJ 08904		Bldg. Age	
County (6) Middlesex	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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 02 / 16 / 15	Scheduled Completion Date (11) 02 / 17 / 15	Name of OSHA Monitor Envirovision Consultants, Inc
---------------------------------	--	---

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM	Street Address 20-21 Wagaraw Road, Bldg. # 35 E
	City, State, Zip Code Fair Lawn, NJ 07410

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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA

Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/06/2015
--	----------------	-------------------------------	--------------------