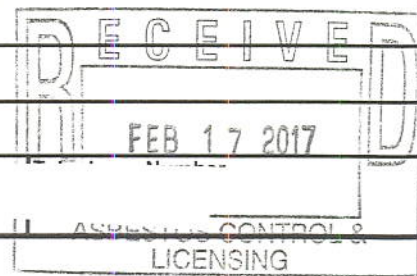


STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Checked 2/8/15

Date of Notification (1) 02 / 16 / 17		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact ROBERT GABEL	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mondelez International			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 bldgs., homes, etc.)		
Street Address 2211 Route 208			Square Feet 1,000,000		
City (5) Fairlawn		County (6) Bergen	County Code (7)	# Of Floors 3	Building Age 40 +
Current Use (Prior if being demolished) Bakery/WAREHOUSE					

Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108			
Scheduled Start Date (10) 02 / 19 / 17	Sched. Completion Date (11) 02 / 20 / 17	Telephone Number 973-884-8682		License Number 00860	

Occupancy Status During Abatement (Check Only 1) <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: 11PM - 10AM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.			
		Street Address 32 Williams Parkway			
		City, State, Zip Code East Hanover, NJ 07936			

Scope of Work (Check All That Apply)

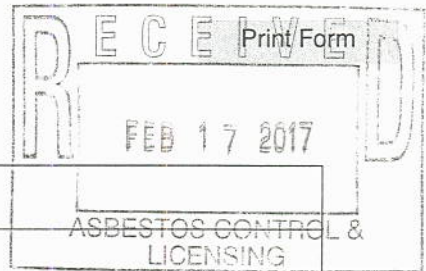
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked=""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

Location of Asbestos Containing <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
BAKERY MEZZ	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.		
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 02/16/17	

CK 14460

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



Date of Notification (1) FEB. 15, 2017		Name of Building Owner/Operator (2) Marquis Health Services	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 635 Duquesne Boulevard	
		City, State, Zip Code Brick, NJ 08723	
		Name of Contact Jonathan Rhoades	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Coral Harbor Rehab Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2050 6th Avenue		Square Feet 19,000	# of Floors # IFL
City (5) Neptune City		Bldg. Age 1969	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Rehab Center	
Name of Monitoring Firm Hired by Building Owner (8) N/A AIR CONSULTING SERVICES, LLC		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.
Street Address 301 E. WARD ST.		Street Address 17 Thompson Street	
City, State, Zip Code HIGHTSTOWN, NJ 08520		City, State, Zip Code West Long Branch, NJ 07764	
Project Manager for Monitoring Firm DAVID KICINA		Telephone No. 609-371-2489	Telephone No. 732.222.8372
Start Date (10) MARCH 21, 2017		Scheduled Completion Date (11) MARCH 22, 2017	License No. 00040
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: ROOMS VACATED		Name of OSHA Monitor N/A	
		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

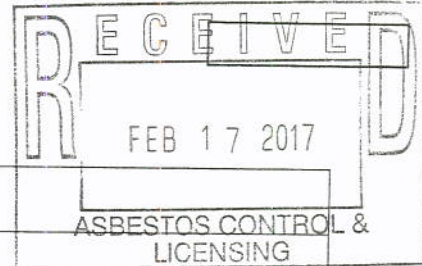
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4 PATIENT ROOM			X	VAT 41	660 sq ft	X			

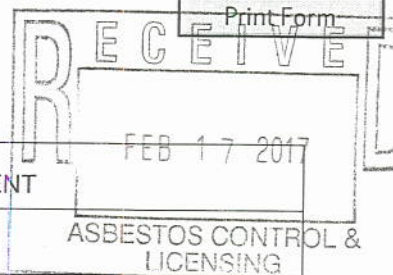
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 4cy	Name of Registered Landfill FAIRLESS LANDFILL	
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 2/24/17		City, State MORRISVILLE, PA	
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 	Date 2/15/17	

CK14459

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



Date of Notification (1) FEB.15, 2017		Name of Building Owner/Operator (2) HAROD ARENA 732-867-6616							
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 56 HELL NECK ROAD							
		City, State, Zip Code SALEM, NJ 08079							
		Name of Contact ANNETTE MCGRANE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HAROD ARENA 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 9 RIDGE ROAD		Square Feet 1564	# of Floors 2						
City (5) OLD BRIDGE		Bldg. Age 1954							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) 2/28/17	Scheduled Completion Date (11) 3/1/17	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
1ST FLOOR			X	VAT	1000SF	X			
2ND FLOOR			X	VAT	1000SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 10 cy	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 3/5/17	City, State MORRISVILLE, PA						
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 2/15/17			

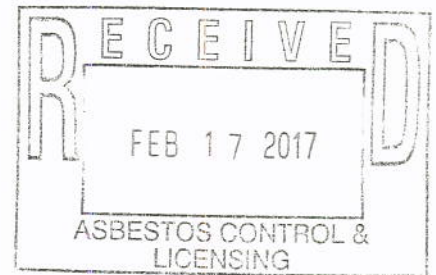


CH 22038

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

Date of Notification (1) 2/13/2017		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 420							
		City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact AL PAYNE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
OLD BRIDGE TOWNSHIP		Square Feet	# of Floors						
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700						
Start Date (10) 2/23/2017		Scheduled Completion Date (11) 3/8/2017	License No. 00494						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<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: <u>VACANT</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED						X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 3/8/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 2/13/2017					

NJDEP
Cheesequake State Park
304 Gordon Road
Old Bridge Township, NJ 08857



Residence, 304 Gordon Road, Old Bridge Township, NJ		
Material	Location	Quantity
Drywall Joint Compound	Throughout	5,500 SF
Flue Cement	108	4 SF
Floor Tile (Multi-layered)	106, 108	497 SF
Window Glazing/Door Pane Glazing	Exterior	4 Units
Condensate Sink Coating	106	6 SF
Ceramic Wall Tile Adhesive	102	150 SF
Tar Roof Flashing	Roof – Chimney, Vents	18 SF

CK4096

RECEIVED
FEB 17 2017
ASBESTOS CONTROL & LICENSING

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

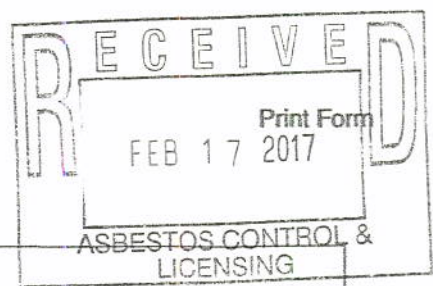
DOL - 10 DAY

FEB 10 2017
WAWER APPROVED

Date of Notification (1) 02/10/2017		Name of Building Owner/Operator (2) Miraj Academy							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address 1251 Main Street City, State, Zip Code Clifton, NJ 07011 Name of Contact Ferid Bedroji							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Miraj Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 5 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1251 Main Street		Square Feet 10,000	# of Floors 1						
City (5) Clifton		Bldg. Age 50+							
County (6) Passaic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Environment Consultants, Inc		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 20-21 Wagaraw Road Bldg. 35E		Street Address 286A Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-8146	Telephone No. 973-256-7010						
Start Date (10) 02/11/2017		Scheduled Completion Date (11) 02/12/2017	License No. 0666						
Name of OSHA Monitor Bako Construction & Restoration, Inc.		Street Address 286A Route 46 Suite 3D							
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 Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3\text{ sf or } \geq 3\text{ lf}$ <input checked="" type="checkbox"/> $\geq 100\text{ sf or } \geq 250\text{ lf}$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> WET CLEANUP UNDER LIMITED CONTAINMENT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed (*) and Non-Frictile Procedure									
Location of Asbestos-Containing Material (ACM) to be Abated at 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 Corridor		X		Wet Cleanup and HEPA vac. of Corridor	400 SF				
Basement Corridor		X		repair ends of pipe	5LF		X		
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date 02/13/2017		City, State Tullytown, PA					
Completed by Damilr Valjevac		Title Project Manager		Signature <i>Damilr Valjevac</i>		Date 02/10/2017			

CK4096

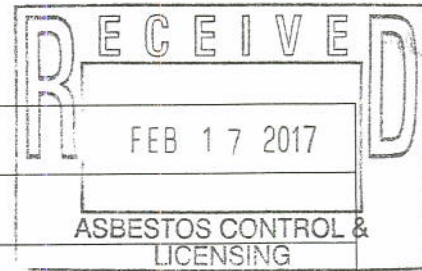
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 02/10/2017		Name of Building Owner/Operator (2) Miraj Academy							
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 1251 Main Street		City, State, Zip Code Clifton, NJ 07011							
Name of Contact Ferid Bedroli		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Miraj Academy		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 1251 Main Street		Square Feet 10,000	# of Floors 1						
City (5) Clifton		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 20-21 Wagaraw Road Bldg. 35E		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Frederick Larsson		Telephone No. 973-636-9145	Telephone No. 973-256-7010						
License No. 0666		Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Start Date (10) 02/11/2017	Scheduled Completion Date (11) 02/12/2017		Street Address 265A Route 46 Suite 3D						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
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"/> WET CLEANUP UNDER LIMITED CONTAINMENT <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) 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 Corridor		X		Wet Cleanup and HEPA vac.of	400 SF				
				Corridor					
Basement Corridor		X		repair ends of pipe	3LF		X		
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Totowa, NJ		Disposal Date 02/13/2017		City, State Tullytown, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 02/10/2017			

CK 1063

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



Date of Notification (1) 02-14-2017		Name of Building Owner/Operator (2) Oscar Santos								
Agencies Notified	Type Notification	Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846								
		Name of Contact Oscar Santos	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)								
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Middlesex	Square Feet N/A	# of Floors N/A	Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) United Safety LLC								
Street Address		Street Address 12 Maple Ave #F2								
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-276-0099	License No. 01317							
Start Date (10) 02-24-2017	Scheduled Completion Date (11) 02-25-2017	Name of OSHA Monitor United Safety LLC								
Occupancy Status During Abatement (Check Only One)		Street Address 12 Maple Ave #F2								
<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: <u>Occupied</u>		City, State, Zip Code Pine Brook, NJ 07058								
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		x		Pipe Insulation	70 LF	x				
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill						
City, State Pine Brook, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Vanco Petkov		Title Project Manager		Signature 				Date 02-14-2017		

Project #

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

Check # 3708

Date of Notification (1)
02/13/2017Name of Building Owner/Operator (2)
National Guard Armory

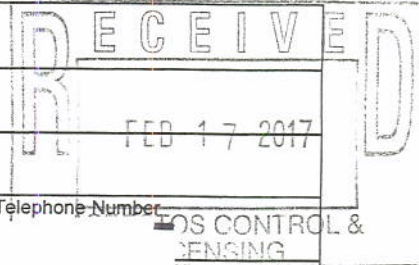
Agencies Notified

 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification

 Initial
 Amended
Amendment # _____
 Emergency (including justification)
 Cancellation
Street Address
2001 Grove StCity, State, Zip Code
Cherry Hill, NJName of Contact
Ted

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
National Guard Armory

Type of Facility (4)

 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)
Street Address
2001 Grove StCity (5)
Cherry Hill, NJ

Square Feet

of Floors

Bldg. Age

County (6)
CamdenCounty Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
TTI

ASCM No.

Name of Abatement Contractor (9)
Nick Restoration LLCStreet Address
1253 North Church StStreet Address
72 Brookside RdCity, State, Zip Code
Moorestown, NJ 08057City, State, Zip Code
Randolph NJ 07869

Project Manager for Monitoring Firm

Telephone No.
(856)840-8800Telephone No.
973-933-2550License No.
01133Start Date (10)
02/24/2017Scheduled Completion Date (11)
02/27/2017Name of OSHA Monitor
IRIS

Occupancy Status During Abatement (Check Only One)

 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____
Street Address
2333 RT 22City, State, Zip Code
Union, NJ 07083

Scope of Work (Check All That Apply)

 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

 Renovation
 Demolition

 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility
(13)

Is Location
Normally
Used Solely by
Maintenance/
Custodial Staff?
(12)

Yes No N/A

Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation,
surfacing, VAT, or
other miscellaneous)

Amount
(Specify
SF or LF)
Abatement
Type

Removal

Repair

Encapsulate

Enclosure

Boiler Room

✗

TSI

45 LF

✗

Restroom/ Shower

✗

TSI

205 LF

✗

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste
Hauler ID No.
33782Cubic Yards
of Waste
TBD

Name of Registered Landfill

G.R.O.W.S

City, State
Randolph, NJ 07869Disposal Date
TBDCity, State
Tullytown, PACompleted by
Elvira MrdaTitle
President

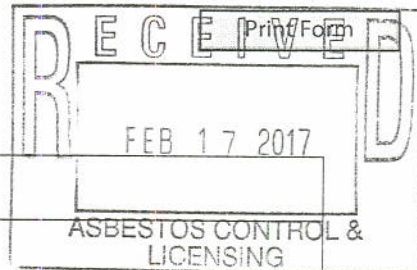
Signature

Elvira Mrda

Date
02/13/2017

Ch 5318

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



Date of Notification (1) 2/14/17		Name of Building Owner/Operator (2) Miz Construction	
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 212 2nd St Suite 302	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Moe	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 233 Lincoln St, Lakewood		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 233 Lincoln St		Square Feet 2000	# of Floors 2
City (5) Lakewood		Bldg. Age	
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)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 2/24/17	Scheduled Completion Date (11) 2/27/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

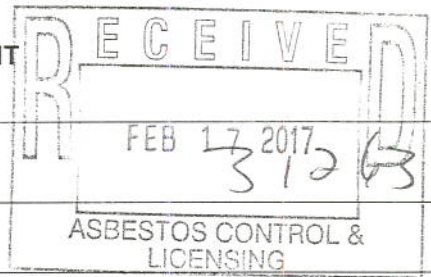
Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State NEWARK, NJ			Disposal Date 2/27/17	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

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



Date of Notification (1) <u>02</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) Regency Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 120 4th Street	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Abe Myers	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address			

City (5) Lakewood	Square Feet 800 sf	# of Floors 1	Bldg. Age 65
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County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence
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Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
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Street Address	Street Address 1889 Route 9, Unit 61
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City, State, Zip Code	City, State, Zip Code Toms River, New Jersey 08755
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Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
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Start Date (10) <u>02</u> / <u>24</u> / <u>17</u>	Scheduled Completion Date (11) <u>02</u> / <u>27</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical
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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 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
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City, State Toms River, New Jersey	Disposal Date 2/28/17	City, State Tullytown, Pennsylvania
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Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/14/17
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OPEN
NOTIFICATION
RECEIVED
 FEB 17 2017

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

NOCH

Date of Notification (1) <i>2/13/17</i>		Name of Building Owner/Operator (2) PSE&G	
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 checked="" type="checkbox"/> Amended Amendment # <i>4</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact RICHARD FAMILIARO	

Name of Facility Where Abatement is Taking Place (3) PSE&G		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 7801 TONNELLE AVE.		Square Feet APPX 600	# of Floors 1
City (5) NORTH BERGEN		Bldg. Age APPX 60 YRS	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) <i>12/12/16</i>	Scheduled Completion Date (11) <i>2/10/17</i>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <i>necessary operators only + outside</i>		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	

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
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
NE OF CONTROL HOUSE		X		TRANSITE PANELS	32 SF	X			
CONTROL HOUSE		X		ACM CAULK	40 LF	X			
ROOF		X		ROOFING MATERIALS	300 SF	X			
ROOF		X		ROOF FLASHINGS	300 SF	X			

Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste APPX 20	Name of Registered Landfill CONESTOGA LANDFILL	
City, State FLANDERS, NJ		Disposal Date TBD		City, State MORGANTOWN, PA	
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date <i>2/13/17</i>	

* 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)

"OPEN NOTIFICATION"

FEB 17 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/19/16		Name of Building Owner/Operator (2) PSE&G	
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 checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact RICHARD FAMILARO	Telephone Number

Name of Facility Where Abatement is Taking Place (3) PSE&G		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 7801 TONNELLE AVE.		Square Feet APPX 600	# of Floors 1
City (5) NORTH BERGEN		Bldg. Age APPX 60 YRS	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 12/12/16	Scheduled Completion Date (11) 3/31/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.	
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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: necessary operators only + outside	Street Address 396 WHITEHEAD AVE.
	City, State, Zip Code SOUTH RIVER, NJ 08882

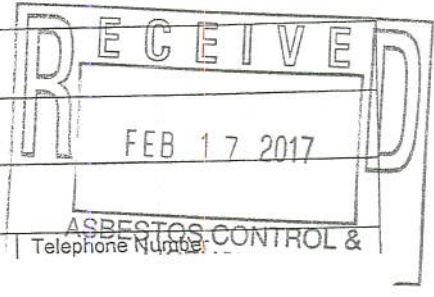
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
NE OF CONTROL HOUSE		X		TRANSITE PANELS	32 SF	X			
CONTROL HOUSE		X		ACM CAULK	40 LF	X			
ROOF		X		ROOFING MATERIALS	300 SF	X			
ROOF		X		ROOF FLASHINGS	300 SF	X			

Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste APPX 20	Name of Registered Landfill CONESTOGA LANDFILL	
City, State FLANDERS, NJ		Disposal Date TBD	City, State MORGANTOWN, PA		
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 12/19/16	

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

"OPEN NOTIFICATION"



Date of Notification (1) 12/12/16		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07068
	Name of Contact RICHARD FAMULARO		Telephone Number

Name of Facility Where Abatement is Taking Place (3) PSEG		Type of Facility (4)	
Street Address 7801 TONNELLE AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NORTH BERGEN	Square Feet Appx 600	# of Floors 1	Bldg. Age Appx 60 YRS.
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 12/12/16	Scheduled Completion Date (11) 3/31/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.
<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: necessary operators only outside		City, State, Zip Code SOUTH RIVER, NJ 08882

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

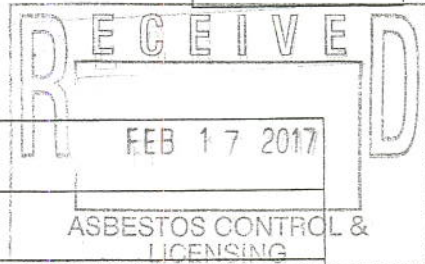
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
N.E. OF CONTROL HOUSE		X		TRANSITE PANELS	32 SF	X			
CONTROL HOUSE		X		ACM CAULK	40 LF	X			
ROOF		X		ROOFING MATERIALS	300 SF	X			
ROOF		X		ROOF FLASHINGS	300 SF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 20	Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ	Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 12/12/16

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

CK# 7528

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



Date of Notification (1) 11/11/16		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact RICHARD FAMULARO	Telephone Number

Name of Facility Where Abatement is Taking Place (3) PSEG		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 7801 TONNELLE AVE.		Square Feet Appx 600	# of Floors 1
City (5) NORTH BERGEN		Bldg. Age Appx 60 yrs.	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 12/5/16	Scheduled Completion Date (11) 12/12/16	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: necessary operations only outside		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
N.E. OF CONTROL HOUSE		X		TRANSITE PANELS	32 SF	X			
CONTROL HOUSE		X		ACM CAULK	40 LF	X			
ROOF		X		ROOFING MATERIALS	300 SF	X			
ROOF		X		ROOF FLASHINGS	300 SF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 20	Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA
Completed by CAROL RAIMO	Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 11/11/16

02/13/2017 18:27AM 2013297440

BEST REMOVAL INC

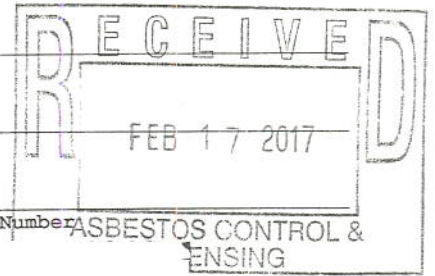
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 ASBESTOS CONTROL & LICENSING

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:150 and 12:120)

Date of Notification (1) 2/13/17		Name of Building Owner/Operator (2) MR. JOHN KHOURY							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEF <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 EDGEWATER, NJ 07052		City, State, Zip Code EDGEWATER, NJ 07052							
Name of Contact MR. KHOURY		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. JOHN KHOURY		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		Square Feet 2500	# of Floors 2						
City (5) EDGEWATER		Bldg. Age 1940							
County (6) BERGEN	County Code (7) STATE USE ONLY	Current Use (Prior to being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code		Street Address 450 South River Street							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 2/16/17	Scheduled Completion Date (11) 2/17/17	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 25 sf or 25 lf <input type="checkbox"/> ≥ 150 sf or 2260 lf		City, State, Zip Code South Hackensack, NJ 07606							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) BASEMENT	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 in (cellular))	Amount (Specify SF or LF) 45 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEF Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 CY	Name of Registered Landfill Minverva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 2/17/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>	Date 2/13/17					

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

Date of Notification (1) 2/13/2017		Name of Building Owner/Operator (2) Jonathan Thomas	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ, 07928	
		Name of Contact Jonathan Thomas	Telephone Number ASBESTOS CONTROL & ENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jonathan Thomas			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			Square Feet 1950	# of Floors 2	Bldg. Age 81
City (5) Chatham	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371	
Scheduled Start Date (10) 03 07 2017 Month Day Year	Sched. Completion Date (11) 03 09 2017 Month Day Year	Name of OSHA Monitor N/A			
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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

>3 sf or >3 lf Renovation
 >160 sf or >260 lf Demolition

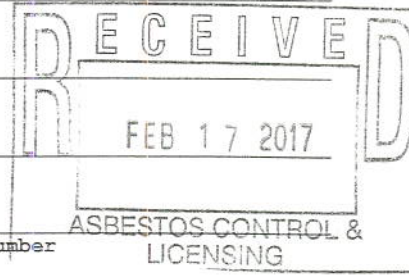
Full Containment with Negative Pressure
 Mini-Enclosure
 Glove-bag Procedure
 Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Basement			X	Pipe Insulation	105 LF	X								

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 03/10/2017	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 2/13/2017	

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

Date of Notification (1) 2/10/2017		Name of Building Owner/Operator (2) Michael Collado	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Midland Park, NJ, 07432	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Michael Collado	
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Michael Collado			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Midland Park	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1650	# of Floors 2	Bldg. Age 67
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number	
N/A	N/A	(973) 744-8800		00371	

Scheduled Start Date (10) 02 14 2017	Sched. Completion Date (11) 02 15 2017	Name of OSHA Monitor N/A			
Month Day Year	Month Day Year	Street Address			
Occupancy Status During Abatement (Check only one)		City, State, Zip Code			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove-bag 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 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
Basement			X	Pipe Insulation	25 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 2/16/2017	City, State Waynesburg, Ohio 44688		

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2/10/2017
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 2/14/2017		Name of Building Owner/Operator (2) Marjorie Joyner		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">FEB 17 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07106		
		Name of Contact Marjorie Joyner	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Marjorie Joyner			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2600	# of Floors 3	Bldg. Age 92
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.
Street Address		Street Address
		86 Christopher St.
City, State, Zip Code		City, State, Zip Code
		Montclair, NJ 07042

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
	N/A	(973) 744-8800	00371

Scheduled Start Date (10) 02 14 2017	Sched. Completion Date (11) 02 15 2017	Name of OSHA Monitor N/A
Month Day Year	Month Day Year	


Occupancy Status During Abatement (Check only one)	Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»	City, State, Zip Code

Scope of Work (Check all that apply)

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

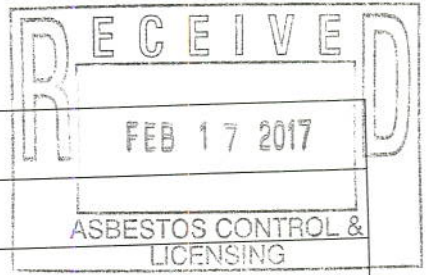
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	85 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC
City, State Montclair, NJ 07042		Disposal Date 02/16/2017	City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 02/14/2017
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CH10544

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



Date of Notification (1) 2-14-17

Name of Building Owner/Operator (2) LEO FRYER

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

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

Street Address: PITMAN NJ

Name of Contact: LEO

Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL

Street Address: PITMAN

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

Square Feet: 1600, # of Floors: 2, Bldg. Age: NA

County (6) CAMDEN, County Code (7) (STATE USE ONLY) _____

Current Use (Prior if being demolished) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8) _____, ASCM No. _____

Name of Abatement Contractor (9) FRYMAR CONSTRUCTION INC

Street Address: PO BOX 11587

City, State, Zip Code: PHILA PA 19116

Project Manager for Monitoring Firm _____, Telephone No. _____

Telephone No.: 267-784-4694, License No.: 01276

Start Date (10) 2-27-17, Scheduled Completion Date (11) 2-27-17

Name of OSHA Monitor: ERRAIM DUA

Street Address: 275 HENDRIX PL

City, State, Zip Code: PHILA PA 19116

Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf, ≥ 160 sf or ≥ 260 lf

Renovation, Demolition

Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC		<input checked="" type="checkbox"/>		PIPE WRAP	20 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION, NJDEP Waste Hauler ID No.: 0036759

Cubic Yards of Waste: 1, Name of Registered Landfill: GROWS

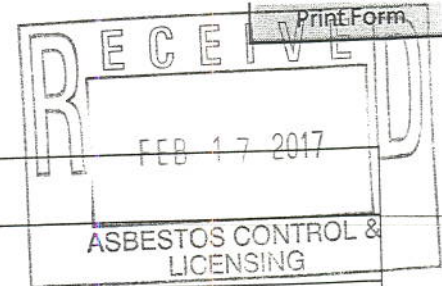
City, State: PHILA PA, Disposal Date: 2-27-17, City, State: TULLEYTOWN PA

Completed by: ERRAIM DUA, Title: V. PRES, Signature: [Signature], Date: 2-13-17

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

CK 6851

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



Date of Notification (1) 02/13/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Cherry Hill Lane	
		City, State, Zip Code Old Bridge, NJ 08857	
		Name of Contact Eric Prieto	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 28-30 Red Oak Ln		Square Feet 6,000	# of Floors 2
City (5) Old Bridge, NJ		Bldg. Age 65+	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 02/24/2017	Scheduled Completion Date (11) 03/06/2017	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input 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
28 A-D Red Oak Ln-Crawl Space	X			Pipe/Elbow Insulation	180 LF	X			
30A-D Red Oak Ln-Crawl Space	X			Pipe/Elbow Insulation	150 LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 03/06/2017		City, State Waynesburg, OH 44688	
Completed by Milan Njezic		Title Vice President	Signature 		Date 02/13/2017

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