


CX 3154

Print Form

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

Date of Notification (1) 02/12/15		Name of Building Owner/Operator (2) 391 FORREST LLC							
Agencies Notified	Type Notification	Street Address PO BOX 251							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD, NJ 08701							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact BENJAMIN GREENSTEIN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 391 FORREST STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) JERSEY CITY, NJ		Square Feet	# of Floors						
County (6) HUDSON COUNTY		Current Use (Prior if being demolished) MULTI-FAMILY HOME							
County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8)		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) 02/23/15	Scheduled Completion Date (11) 02/23/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				FLOOR TILE	75 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 02/23/15	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 02/12/15			

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

Date of Notification (1) 02-10-15		Name of Building Owner/Operator (2) Freya Hamilton							
Agencies Notified	Type Notification	Street Address 1784 Sleepy Hollow Ln							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plainfield NJ 07060							
		Name of Contact Freya Hamilton	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1784 Sleepy Hollow Ln		Square Feet	# of Floors						
City (5) Plainfield		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC						
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 02-20-15	Scheduled Completion Date (11) 02-21-15	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 08:00 AM - 05:00 PM		Street Address 522 7th Street							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	220 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087			Disposal Date 02-24-15	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager	Signature 			Date 02-10-15			



# Emergency

CK 9221

Feb 12 2015 06:38am

P001/001

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

APPROVED  
NJ Dept. of Health & Senior Services  
(signature)  
Date: 2-11-15

Date of Notification (1) FEB 10 2015 2-11-15		Name of Building Owner/Operator (2) Greg Kyler	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> ASBESTOS <input checked="" type="checkbox"/> DOL LICENSING <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 509 Tomlinson AVE City, State, Zip Code Laurel Springs NJ 08021 Name of Contact Greg Kyler Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Detached Garage/Sheed at Residential		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 509 Tomlinson AVE		Square Feet	# of Floors 1
City (5) Laurel Springs NJ 08021		Bldg. Age 80+	
County (6) Camden		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 2-17-15	Scheduled Completion Date (11) 2-20-15	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337 City, State, Zip Code New Egypt NJ 08533	

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 ≥ 280 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 Roof			X	Roofing Transite Shingles	400 SF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 2-20-15	City, State Morgantown PA		
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 2-11-15	



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

Date of Notification (1) February 12, 2015		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce	

**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 36 David Drive					
City Beach Haven West	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 2/13/15	Scheduled Completion Date (11) 2/17/15		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input 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) <u>TO BE ABATED</u> 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			
						R E M O V E A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house		X		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/18/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 2/12/15

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



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

#  
2570  
RECEIVED  
FEB 18 2015

Date of Notification (1) <b>2-13-15</b>		Name of Building Owner/Operator (2) <b>Deer Valley Realty</b>							
Agency 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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>126 Nursery Rd</b>	City, State, Zip Code <b>Hopewell, NJ</b>						
		Name of Contact <b>Paul</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Deer Valley</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>126 Nursery Rd</b>		Square Feet <b>1500</b>	# of Floors <b>3</b>						
City (5) <b>Hopewell</b>		Bldg. Age <b>60+</b>							
County (6) <b>Monroe</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>ACE Insulation Co Inc</b>							
Street Address		Street Address <b>95 Montrose Rd</b>							
City, State, Zip Code		City, State, Zip Code <b>Catskill, NY 12022</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732 994 1757</b>	License No. <b>00029</b>						
Start Date (10) <b>2-22-15</b>	Scheduled Completion Date (11) <b>2-28-15</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7400 7PM</b>		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUT DOORS</b>				<b>SIDING</b>	<b>1800 SF</b>				
Name of Registered Waste Hauler <b>ACE Insulation Co</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>CHPINS</b>					
City, State <b>Catskill, NY</b>		Disposal Date		City, State <b>Easton PA</b>					
Completed by <b>George E. Wheat</b>		Title <b>PRESIDENT</b>		Signature <i>George E. Wheat</i>			Date <b>2-13-15</b>		

## NOTIFICATION OF ASBESTOS ABATEMENT

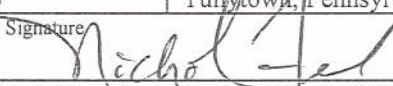
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 12, 2015		Name of Building Owner/Operator (2) Custom Creations	
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 1130 Bay Avenue City, State, Zip Code Toms River, NJ 08753 Name of Contact Joe Silvey 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 211 West 22 <sup>nd</sup> Street			Square feet 1200 sf		
City Ship Bottom	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/12/15		Scheduled Completion Date (11) 2/13/15	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 City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] Non-Exempted (*) and Non-Friable Procedure		

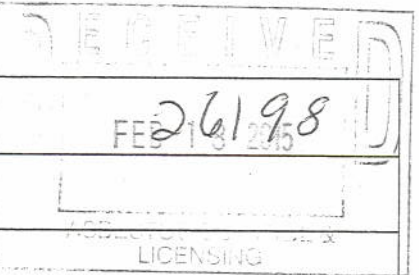
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/16/15	City, State Tulsa, Oklahoma	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/12/2015

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



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



Date of Notification (1) <b>February 11, 2015</b>		Name of Building Owner/Operator (2) <b>DnA Demolition</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>2156 Camplain Road</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Hillsborough, NJ 08844</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Antonio Dimuzio</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
<b>464 Hillside Avenue</b>			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
<b>Palisades Park</b>	<b>Bergen</b>		<b>1500 sf</b>	<b>2</b>	<b>60</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address		
<b>1889 Route 9, Unit 61</b>			<b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code		
<b>Toms River, NJ 08755</b>			<b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>2/11/15</b>		Scheduled Completion Date (11) <b>2/12/15</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>1056 Stelton Road</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			<b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<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					
<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					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	30 lf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>2/13/15</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>2/11/2015</b>	

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

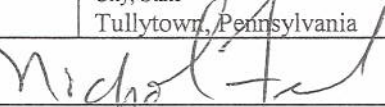
## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) February 11, 2015		Name of Building Owner/Operator (2) Mark Vintzileos	
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 1819 Boat Point Drive City, State, Zip Code Point Pleasant, NJ 08742 Name of Contact Mark Vintzileos 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 1819 Boat Point Drive			Square feet 1500 sf		
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/12/15		Scheduled Completion Date (11) 2/13/15		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		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1400 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/16/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 2/11/2015		

\*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  
# 9220

Date of Notification (1) <b>2-12-15</b>		Name of Building Owner/Operator (2) <b>Sakoutis Brothers Disposal, Inc</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 84</b>							
		City, State, Zip Code <b>Colts Neck, NJ 07722</b>							
		Name of Contact <b>John Sakoutis</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family shore House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>22 Ocean AVE</b>		Square Feet	Bldg. Age						
City (5) <b>Monmouth Beach, NJ 07750</b>		<b>2</b>	<b>60+-</b>						
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Single family Shore House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>2-23-15</b>	Scheduled Completion Date (11) <b>3-6-15</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior walls			X	Siding Shingles	2600 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>3-6-15</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>2-12-15</b>			

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

Date of Notification (1) <b>2-11-15</b>		Name of Building Owner/Operator (2) <b>Kristen Teel</b>	
Agencies Notified	Type Notification	Street Address <b>16 Ferncliff Road</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Bloomfield, NJ, 07003</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Kristen Teel</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>3920</b>		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>	Bldg. Age <b>84</b>	
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	
Scheduled Start Date (10) <b>2-23-15</b>		Sched. Completion Date (11) <b>2-24-15</b>	License Number <b>00371</b>	
Month Day Year		Month Day Year	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <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)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

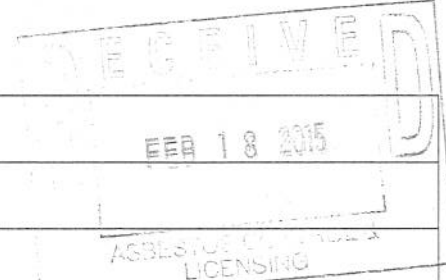
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

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	70 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>2-25-15</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>CVivian</i>		Date <b>2-11-15</b>



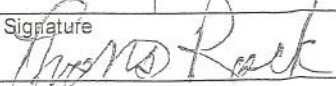
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2/09/15		Name of Building Owner/Operator (2) Union Baptist Church of Orange							
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 160 Oakwood Avenue		City, State, Zip Code Orange, NJ 07050							
Name of Contact Alice Schuler		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Church		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 160 Oakwood Avenue		Square Feet N/A	# of Floors N/A						
City (5) Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 2/24/15	Scheduled Completion Date (11) 2/25/15	Name of OSHA Monitor D&S Abatement, 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 checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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
boiler room		X		pipe insulation	240 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>			Date 2/09/15		

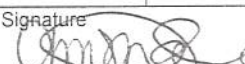
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**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 2/6/2015		Name of Building Owner/Operator (2) CRDA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 S Pennsylvania Ave  City, State, Zip Code Atlantic city N.J. 08401  Name of Contact W.Rachelle Knight Telephone # _____						
	FEB 18 2015								
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)  Street Address 436-439-440-441-444 Pacific Ave.  City (5) Atlantic city, N.J.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  Square Feet _____ # of Floors _____ Bldg. Age 30 plus							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) homes							
Name of Monitoring Firm Hired by Building Owner (8) Health and safety		ASCM No. _____	Name of Abatement Contractor (9) site enterprises, inc						
Street Address 318 12th street		Street Address 815 12 th street							
City, State, Zip Code Hammonton, N.J. 08037		City, State, Zip Code Hammonton, N.J. 08037							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	Telephone No. 609-567-1250 License No. 01172						
Start Date (10) feb 9th 2015	Scheduled Completion Date (11) feb 10, 2015	Name of OSHA Monitor health and safety services, 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: vacant/demo		Street Address 316 12th street  City, State, Zip Code Hammonton, N.J. 08037							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <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         </div> </div>									
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
kitchen/coat closets			X	floor tile 12"x12"	2,000 sq. ft.	X			
Name of Registered Waste Hauler site enterprises, inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 2cy	Name of Registered Landfill ACUA					
City, State Hammonton, N.J. 08037			Disposal Date 2/17/20	City, State Egg harbor twp. N.J.					
Completed by Thomas Rock		Title PM	Signature 			Date 2/6/2015			



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

Date of Notification (1) February 11, 2015		Name of Building Owner/Operator (2) Hamilton Township Board of Education		Check # N/A					
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5801 3rd Street City, State, Zip Code Mays Landing, NJ 08330 Name of Contact Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Shaner 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 5801 3rd Street			Square Feet 5,000 # of Floors 2 Bldg. Age 100						
City (5) Mays Landing		County (6) Atlantic		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 167		City, State, Zip Code Hammononton, NJ 08037		Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984		Telephone No. 856-755-0099 License No. 00842					
Start Date (10) January 12, 2015		Scheduled Completion Date (11) February 27, 2015		Name of OSHA Monitor EMSL Analytical, 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		XXX		Window Caulking	1,800 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 80		Name of Registered Landfill Western Berks Community Landfill			
City, State Freehold, NJ		Disposal Date 2/27/2015		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 2/11/2015			

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

CK 4657

Date of Notification (1) 2/12/15		Name of Building Owner/Operator (2) Carole Stout Private Home							
Agencies Notified	Type Notification	Street Address 27 Willard Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Carole	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Carole Stout 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 27 Willard Drive		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.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/13/15	Scheduled Completion Date (11) 2/17/15	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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 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		Disposal Date 2/17/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 2/12/15		



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

Check 73635

FEB 18 2015

Date of Notification (1) 2/12/15		Name of Building Owner/Operator (2) Mr. & Mrs. Stefanczyk	
Agencies Notified	Type Notification	Street Address 279 Essex Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07006	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Kate Stefanczyk	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 279 Essex Avenue		Square Feet 2300	# of Floors 2
City (5) Bloomfield		Bldg. Age 57	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 3/20/15	Scheduled Completion Date (11) 4/3/15	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	exterior ductwork	10 SF		x		

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by A. Scott Higgins		Title President	Signature 		Date 2/12/15

CK 3989

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

RECEIVED  
FEB 18 2015

Date of Notification (1) 2/6/2015		Name of Building Owner/Operator (2) CRDA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 S Pennsylvania Ave							
		City, State, Zip Code Atlantic city N.J. 08401							
		Name of Contact W.Rachelle Knight							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 436-439-440-441-444 Pacific 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) Atlantic city, N.J.		Square Feet	# of Floors						
			Bldg. Age 30 plus						
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) homes							
Name of Monitoring Firm Hired by Building Owner (8) Health and safety		ASCM No.	Name of Abatement Contractor (9) site enterprises, inc						
Street Address 318 12th street		Street Address 815 12 th street							
City, State, Zip Code Hammonton, N.J. 08037		City, State, Zip Code Hammonton, N.J. 08037							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 01172						
Start Date (10) feb 9th 2015	Scheduled Completion Date (11) feb 10, 2015	Name of OSHA Monitor health and safety services, inc							
Occupancy Status During Abatement (Check Only One)		Street Address 316 12th street							
<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: vacant/demo		City, State, Zip Code Hammonton, N.J. 08037							
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 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
kitchen/coat closets			x	floor tile 12"x12"	2,000 sq. ft.	x			
Name of Registered Waste Hauler site enterprises, inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 2cy	Name of Registered Landfill ACUA					
City, State Hammonton, N.J. 08037			Disposal Date 2/17/20	City, State Egg harbor twp. N.J.					
Completed by Thomas Rock		Title PM	Signature <i>Thomas Rock</i>			Date 2/6/2015			



CK 5491

Feb 10 2015 08:47am

P001/001

EMERGENCY  
REQUEST FOR WAIVER

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

APPROVED  
NJ Dept. of Health & Senior Services  
*(Signature)*  
2/10/15  
Time: 8:20

Date of Notification (1) <b>2-10-15</b>		Name of Building Owner/Operator (2) <b>DR. ZISA</b>	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment# <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address <b>85 BERKSHIRE AVENUE</b> City, State, Zip Code <b>PATERSON NJ 07510</b> Name of Contact <b>DR. ZISA</b>	

Name of Facility Where Abatement is Taking Place (3) <b>DR. ZISA</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>85 BERKSHIRE AVENUE</b>		Square Feet <b>1800..</b>	# of Floors <b>2</b>
City (5) <b>PATERSON</b>		Bldg. Age <b>56 YRS</b>	
County (6) <b>PASSAIC</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE/OFFICE</b>

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			<b>Best Removal Inc</b>	
City, State, Zip Code			Street Address <b>450 South River St</b>	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Start Date (10) <b>2-11-15</b>		Scheduled Completion Date (11) <b>2-12-15</b>	Telephone No. <b>201-329-7444</b>	Licenses No. <b>00388</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Accessed During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: <b>8AM 5PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 or 23 F <input type="checkbox"/> 150 or 260 F		Street Address <b>280 Huyler St</b>		
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Contractor Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, vermiculite, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Encapsulate	Enclosure
<b>BOILER ROOM</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>58 SF</b>	<b>X</b>		

Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJ DEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2 YD</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>2-12-15</b>	City, State <b>Waynesburg, Oh, 44688</b>		
Completed by <b>A. Veldran</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>2-10-15</b>		

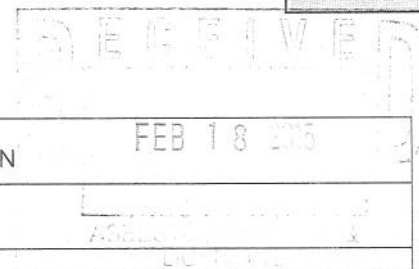
ASB-41

(Do not use this form for asbestos abatement emergency action.)

CK 3153

Print Form

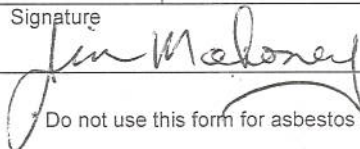
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 02/11/15		Name of Building Owner/Operator (2) JAMES W TURNER CONSTRUCTION		FEB 18 2015	
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 1433 ROUTE 34, BUILDING C3 City, State, Zip Code WALL TOWNSHIP, NJ 07727 Name of Contact TAYLOR Telephone Number 	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) TAYLOR			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 86 SEA BREEZE ROAD			Square Feet 1500		
City (5) TOMS RIVER, NJ			# of Floors Bldg. Age		
County (6) OCEAN COUNTY			County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)			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		
Start Date (10) 02/12/15			Scheduled Completion Date (11) 02/12/15		
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: _____			Name of OSHA Monitor AAA LEAD PROFESSIONALS		
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			Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701		
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)
	Yes	No	N/A		
EXTERIOR				SIDING	1000 SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10 YARDS	
City, State NEWARK, NJ		Disposal Date 02/12/15		Name of Registered Landfill IESI City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature Date 02/11/15	



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

Date of Notification ( <u>2/11/15</u> )		Name of Building Owner/Operator (2) <u>City of Camden</u>							
Agencies Notified  <input checked="" type="checkbox"/> EPA  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH DCA	Type Notification  Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address <u>City Hall, Rm.403 P.O.Box 95120</u>							
		City, State, Zip Code <u>Camden N.J. 08101</u>							
		Name of Contact <u>James Rizzo</u>	Telephone Number <u>(609) 291-1000</u>						
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>1510 Louis St</u>									
City (5) <u>Camden</u>		Square Feet	# of Floors Bldg. Age <u>100 +</u>						
County (6) <u>Camden</u>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>Tricon Enterprises Inc</u>						
Street Address		Street Address <u>322 Beers St</u>							
City, State, Zip Code		City, State, Zip Code <u>Keyport N.J. 07735</u>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>732-739-1200</u> License No. <u>01095</u>						
Start Date (10) <u>1/20/15</u>	Scheduled Completion Date (11) <u>2/25/15</u>		Name of OSHA Monitor <u>n/a</u>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div>           Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure            Non-Exempted ( ) and Non-Friable Procedure         </div> </div>									
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
WET DEMOLITION									
Name of Registered Waste Hauler <u>R&amp;B</u>		NJDEP Waste Hauler ID No. <u>29439</u>	Cubic Yards of Waste <u>30</u>	Name of Registered Landfill <u>Grows north</u>					
City, State <u>Hainesport, N.J.</u>			Disposal Date <u>2/26/15</u>	City, State <u>Morrisville, P.A.</u>					
Completed by <u>James Mahoney</u>		Title <u>Project manager</u>	Signature 			Date <u>2/11/15</u>			

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

Date of Notification (1) <b>2-10-15</b>		Name of Building Owner/Operator (2) <b>Claudia Aarts-Schreiber</b>	
Agencies Notified	Type Notification	Street Address <b>285 Redmond Road</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>South Orange, NJ, 07079</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Claudia Aarts-Schreiber</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>3500</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>2-19-15</b>	Sched. Completion Date (11) <b>2-24-15</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year <b>2 19 15</b>	Month Day Year <b>2 24 15</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

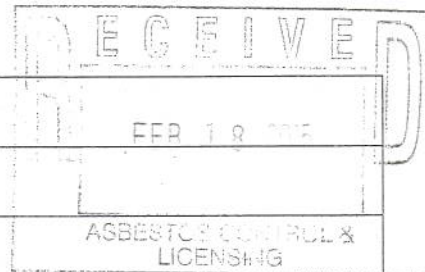
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Friable Procedure

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			<input checked="" type="checkbox"/>	VAT	500 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>2-25-15</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CVivian</i>			Date <b>2-10-15</b>

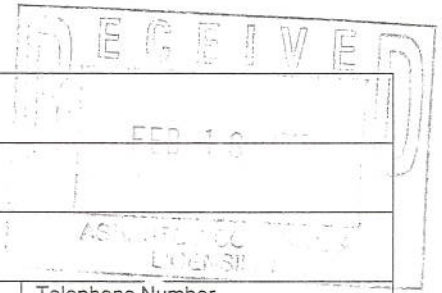


1/30/15 State of New Jersey NOTIFICATION  
OF ASBESTOS ABATEMENT (Pursuant to  
2NJAC 8:60 and 12:120)



Date of Notification (1/30/15)		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120  City, State, Zip Code Camden N.J. 08101  Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1770 Norris St									
City (5) Camden		Square Feet	# of Floors 3 Bldg. Age 100 +						
County (6) Camden		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) Tricon Enterprises Inc						
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 2/19/15	Scheduled Completion Date (11) 3/5/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		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"/> ≥160 sf or ≥260 lf Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.			Disposal Date	City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 1/30/15			

State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
18:60 and 12:120)



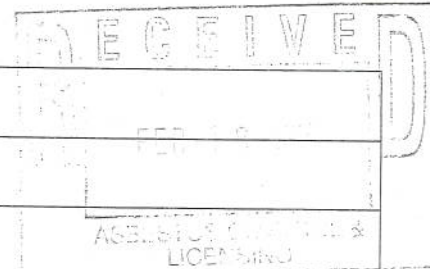
Date of Notification (1/30/15)		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120 City, State, Zip Code Camden N.J. 08101 Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1347 Browning St		Square Feet # of Floors Bldg. Age 3 100 +							
City (5) Camden		County Code (7) (STATE USE ONLY)							
County (6) Camden		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) Tricon Enterprises Inc							
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No. License No. 732-739-1200 01095							
Start Date (10) 2/16/15		Scheduled Completion Date (11) 2/27/15							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor n/a							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition 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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439		Cubic Yards of Waste 275		Name of Registered Landfill Grows north			
City, State Hainesport, N.J.		Disposal Date 2/27/15		City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature James Mahoney		Date 1/30/15			



CK 2270

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

3



Date of Notification (1) 1/30/15		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120 City, State, Zip Code Camden N.J. 08101 Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1765 Norris St		Square Feet # of Floors Bldg. Age 3 100 +							
City (5) Camden		County (6) Camden							
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) Tricon Enterprises Inc							
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No. License No. 732-739-1200 01095							
Start Date (10) 2/25/15		Scheduled Completion Date (11) 3/10/15							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor n/a							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted () and Non-Friable Procedure		Street Address City, State, Zip Code							
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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439		Cubic Yards of Waste 275		Name of Registered Landfill Grows north			
City, State Hainesport, N.J.		Disposal Date 3/10/15		City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature <i>James Mahoney</i>		Date 1/30/15			

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

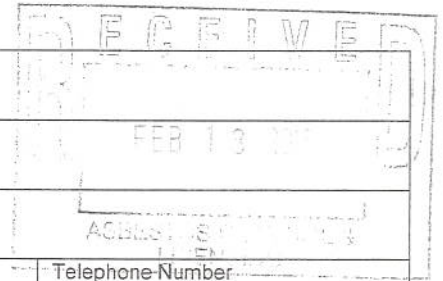


Date of Notification (1/30/15)		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120 City, State, Zip Code Camden N.J. 08101 Name of Contact James Rizzo							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1767 Norris St									
City (5) Camden		Square Feet	# of Floors 3 Bldg. Age 100 +						
County (6) Camden		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) Tricon Enterprises Inc						
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No. 732-739-1200	License No. 01095						
Start Date (10) 3/2/15	Scheduled Completion Date (11) 3/16/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div>           Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure            Non-Exempted () and Non-Friable Procedure         </div> </div>									
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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.			Disposal Date 3/16/15	City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 1/30/15			



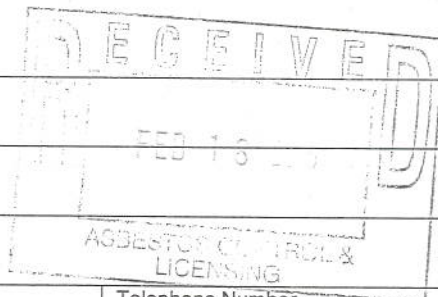
State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)

5 CK 2270



Date of Notification (1/30/15)		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120  City, State, Zip Code Camden N.J. 08101  Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1769 Norris St		Square Feet							
City (5) Camden		# of Floors 3	Bldg. Age 100 +						
County (6) Camden		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) Tricon Enterprises Inc						
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 3/5/15	Scheduled Completion Date (11) 3/19/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.		Disposal Date 3/19/15		City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature <i>James Mahoney</i>			Date 1/30/15		

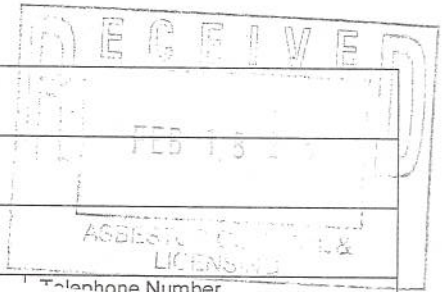
State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)



Date of Notification (1/30/15)		Name of Building Owner/Operator (2) City of Camden						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120  City, State, Zip Code Camden N.J. 08101  Name of Contact James Rizzo Telephone Number						
<b>FACILITY INFORMATION</b>								
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1293 Decatur St								
City (5) Camden		Square Feet	# of Floors 3 Bldg. Age 100 +					
County (6) Camden		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) Tricon Enterprises Inc					
Street Address		Street Address 322 Beers St						
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095					
Start Date (10) 3/11/15	Scheduled Completion Date (11) 3/24/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		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"/> ≥160 sf or ≥260 lf Renovation <input checked="" type="checkbox"/> Demolition 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
WET DEMOLITION								
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north				
City, State Hainesport, N.J.			Disposal Date 3/24/15	City, State Morrisville, P.A.				
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>		Date 1/30/15			

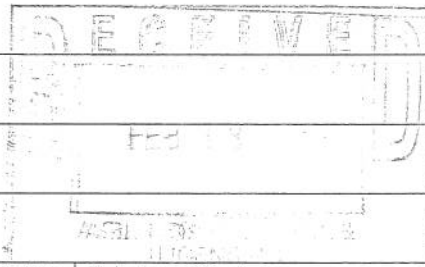


State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)



Date of Notification (1) 1/30/15		Name of Building Owner/Operator (2) City of Camden						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120  City, State, Zip Code Camden N.J. 08101  Name of Contact James Rizzo Telephone Number						
<b>FACILITY INFORMATION</b>								
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1287 Decatur St								
City (5) Camden		Square Feet	# of Floors 3 Bldg. Age 100 +					
County (6) Camden		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) Tricon Enterprises Inc					
Street Address		Street Address 322 Beers St						
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095					
Start Date (10) 3/17/15	Scheduled Completion Date (11) 3/30/15		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 Abatement Performed Outside of Normal Facility Hours Other - Describe:			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"/> ≥160 sf or ≥260 lf Renovation <input checked="" type="checkbox"/> Demolition 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
WET DEMOLITION								
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north				
City, State Hainesport, N.J.			Disposal Date 3/30/15	City, State Morrisville, P.A.				
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>		Date 1/30/15			

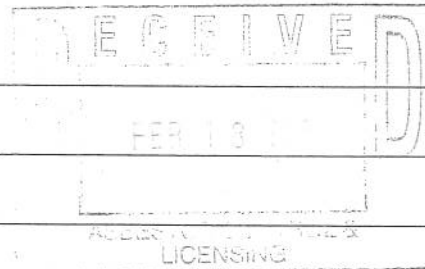
State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)



Date of Notification (1) 1/30/15		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120 City, State, Zip Code Camden N.J. 08101 Name of Contact James Rizzo							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1275 Decatur St		Square Feet							
City (5) Camden		# of Floors 3	Bldg. Age 100 +						
County (6) Camden		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) Tricon Enterprises Inc						
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 3/20/15	Scheduled Completion Date (11) 4/2/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div>           Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure            Non-Exempted () and Non-Friable Procedure         </div> </div>									
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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.			Disposal Date 4/2/15	City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature <i>James Mahoney</i>		Date 1/30/15			

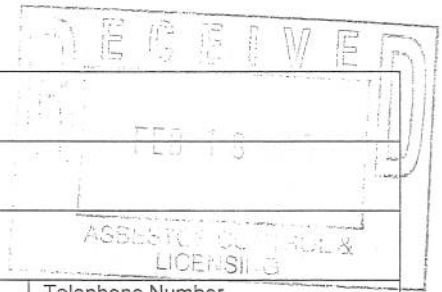


State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)



Date of Notification (1/30/15)		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120 City, State, Zip Code Camden N.J. 08101 Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1277 Decatur St		Square Feet							
City (5) Camden		# of Floors 3	Bldg. Age 100 +						
County (6) Camden		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) Tricon Enterprises Inc						
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 3/25/15	Scheduled Completion Date (11) 4/7/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted () and Non-Friable Procedure         </div> </div>									
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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.			Disposal Date 4/7/15	City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 1/30/15			

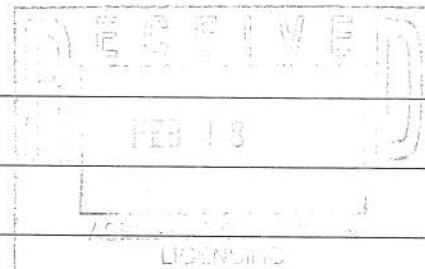
State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)



Date of Notification (1) 1/30/15		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120  City, State, Zip Code Camden N.J. 08101  Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1279 Decatur St									
City (5) Camden		Square Feet	# of Floors 3 Bldg. Age 100 +						
County (6) Camden		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) Tricon Enterprises Inc						
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 3/31/15	Scheduled Completion Date (11) 4/13/15	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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div>           Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure            Non-Exempted () and Non-Friable Procedure         </div> </div>									
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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.		Disposal Date 4/13/15		City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature James Mahoney		Date 1/30/15			



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



Date of Notification ( ) 1/30/15		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address City Hall Rm 403 PO Box 95120  City, State, Zip Code Camden N.J. 08101  Name of Contact James Rizzo Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1281 Decatur St		Square Feet # of Floors Bldg. Age 3 100 +							
City (5) Camden		County Code (7) (STATE USE ONLY)							
County (6) Camden		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No. Name of Abatement Contractor (9) Tricon Enterprises Inc							
Street Address		Street Address 322 Beers St							
City, State, Zip Code		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No. License No. 732-739-1200 01095							
Start Date (10) 4/3/15		Scheduled Completion Date (11) 4/17/15							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor n/a							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf Renovation <input checked="" type="checkbox"/> Demolition Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted ( ) and Non-Friable Procedure		Street Address City, State, Zip Code							
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
WET DEMOLITION									
Name of Registered Waste Hauler R&B		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 275	Name of Registered Landfill Grows north					
City, State Hainesport, N.J.		Disposal Date 4/17/15		City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature <i>James Mahoney</i>			Date 1/30/15		

Project #

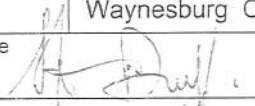
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

Check # 2866

Date of Notification (1) 02/05/2015		Name of Building Owner/Operator (2) Jersey City BOE							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 346 Claremont Ave		City, State, Zip Code Jersey City, NJ 07305							
Name of Contact Kevin O'Shea		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 153 Union Street		Square Feet							
City (5) Jersey City, NJ 07304		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.							
Street Address P.O. BOX 385		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Oceanville, NJ 08231		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm John Smoyer		City, State, Zip Code Randolph NJ 07869							
Telephone No. (609)652-1833		Telephone No. 973-933-2550							
Start Date (10) 02/07/2015		License No. 01133							
Scheduled Completion Date (11) 02/09/2015		Name of OSHA Monitor J&S Environmental							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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
Outside of the building		X		Window glaze & caulk	50 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ 07869				Disposal Date TBD		City, State Tullytown, PA			
Completed by Elvira Mrida		Title President		Signature <i>Elvira Mrida</i>		Date 02/05/2015			



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

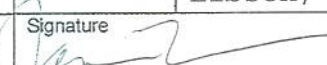
Date of Notification (1) 2/11/2015		Name of Building Owner/Operator (2) Sun Chemical Corporation							
Agencies Notified	Type Notification	Street Address 631 Central Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carlstadt NJ 07072							
		Name of Contact Greg Walker	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) US Ink		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 390 Central Avenue		Square Feet 24000	# of Floors 1						
City (5) East Rutherford		Bldg. Age 100							
County (6) NJ 07073	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial US Ink							
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental Services		ASCM No.	Name of Abatement Contractor (9) Shoreline Contracts Inc						
Street Address 9 Prince William Road		Street Address 85 Kero Road							
City, State, Zip Code Marlboro NJ 07751		City, State, Zip Code Carlstadt NJ 07072							
Project Manager for Monitoring Firm Frank Tamargo		Telephone No. 732 617 9279	Telephone No. 201 9330033						
License No. 01230									
Start Date (10) 2/25/2015	Scheduled Completion Date (11) 5/25/2015	Name of OSHA Monitor Stalin Brito							
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: Area outside of normal activities		Street Address 85 Kero Road							
		City, State, Zip Code Carlstadt NJ 07072							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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 between Tank # 7 & 8		X		riable Pipe Elbow (2) 6" diameter	2 lf	X			
Exterior Tank # 3		X		Tank Waterproofing Non Friable	95 sf	X			
Name of Registered Waste Hauler Asbestos Transportation Company Inc		NJDEP Waste Hauler ID No. 1a-371	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Shirley NY			Disposal Date	City, State Waynesburg Ohio					
Completed by Steve Duffy		Title Project Manager	Signature 	Date 2/11/2015					

CK 3739

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

RECEIVED

2015 FEB 19 PM 1:27

Date of Notification (1) 2-4-15		Name of Building Owner/Operator (2) The Wendy's Company					
Agency 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 General Warren Boulevard					
		City, State, Zip Code Malvern, PA 19355					
		Name of Contact Robert Miles	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Wendy's Restaurant #1331		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 410 Route 22#430		Square Feet 2500	# of Floors 1				
City (5) Hillside		Bldg. Age +/-50					
County (6) Union	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) restaurant				
Name of Monitoring Firm Hired by Building Owner (8) Vertex Companies		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.				
Street Address 1120 Baltimore Pike, Suite 201		Street Address 2251 Fraley Street					
City, State, Zip Code Glen Mills, PA 19342		City, State, Zip Code Philadelphia, PA 19137					
Project Manager for Monitoring Firm Don Heim	Telephone No. 610-787-0402	Telephone No. 215-533-5155	License No. 01166				
Start Date (10) 2-23-15	Scheduled Completion Date (11) 2-24-15	Name of OSHA Monitor Vertex Companies, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1120 Baltimore Pike, Suite 201					
		City, State, Zip Code Glen Mills, PA 19342					
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) <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
Roof			x	roof flashing sealer	500sf	x	
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage			
City, State Morrisville, PA		Disposal Date		City, State Libson, OH			
Completed by Jennifer Niven	Title Dir. of Operations	Signature 			Date 2-17-15		



CK 005828

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

D&S Proj. #: 2015-51

RECEIVED

FEB 18 PM 12:26

ASBESTOS CONTROL & LIAISON

Date of Notification (1) 02/11/15		Name of Building Owner/Operator (2) RON PATERA	
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 9 MOUNTAIN ROAD City, State, Zip Code VERONA, NJ 07044	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact RON PATERA	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RON PATERA Street Address 9 MOUNTAIN 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 (Private/Commercial Bldgs./Homes, etc.)		
City (5) VERONA	County (6) ESSEX	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		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) 02/13/15	Sched. Completion Date (11) 02/25/15	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 type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure
---	--	--	--	---	---

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Hemove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	248 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	32 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/16/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/11/15



D&amp;S Proj. #: 2015-51

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

APPROVED  
NJ Dept. of Health & Senior Services  
*Paul C. Harnen*  
(signature)

Date: 2/11/15 Time: 10:58 AM

Date of Notification (1) 02/11/15		Name of Building Owner/Operator (2) RON PATERA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 9 MOUNTAIN ROAD		City, State, Zip Code VERONA, NJ 07044	
Name of Contact RON PATERA		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RON PATERA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 9 MOUNTAIN ROAD			Square Feet # of Floors Bldg. Age		
City (5) VERONA	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/13/15	Sched. Completion Date (11) 02/25/15	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Demo
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	248 L FT	X			
BASEMENT		X		BARE HEATING PIPES	32 L FT			X	

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/16/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 02/11/15



NO CK

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

CHECK # 8697

Date of Notification (1) 2/13/15		Name of Building Owner/Operator (2) HARTZ MOUNTAIN ASSOCIATES						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 PLAZA DRIVE	City, State, Zip Code SECAUCUS, NJ 07096-1515					
		Name of Contact DAVE H.	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HARTZ / OFFICE, WAREHOUSE		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 125 ENTERPRISE AVE.		Square Feet 8000	# of Floors 2					
City (5) SECAUCUS		Bldg. Age 56						
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE / WAREHOUSE						
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.	License No.					
Start Date (10) - 2/23/15		Scheduled Completion Date (11) 2/28/15	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Encapsulation
1 <sup>ST</sup> FLOOR OFFICE			X	VAT/MASTIC	2396 SF	X		
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 6	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Newark, NJ 07105		Disposal Date 2/23/15		City, State, Zip Code Bethlehem, PA 18015				
Completed by R. McDonald		Title President	Signature R. McDonald		Date 2/13/15			



11K 005831

D&S Proj. #: 2015-53

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

RECEIVED

2015 FEB 18 PM 12:22

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/2/11/11/15		Name of Building Owner/Operator (2) BETH TOTH	
Agencies Notified	Type Notification	Street Address 102 GROVE STREET	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MAHWAH, NJ 07430	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact BETH TOTH	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BETH TOTH			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 102 GROVE STREET			Square Feet		
City (5) MAHWAH	County (6) BERGEN	County Code (7) (State use only)	# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/18/15	Sched. Completion Date (11) 02/25/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)			<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Glovebag procedure			
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure			

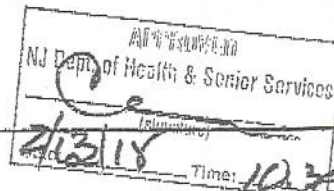
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		VAT	280 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN & LAUNDRY RM		<input checked="" type="checkbox"/>		PIPE INSULATION	32 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/19/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/11/15



D&amp;S Proj. #: 2015-53

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



Date of Notification (1) 02/11/15		Name of Building Owner/Operator (2) BETH TOTH	
Agencies Notified	Type Notification	Street Address 102 GROVE STREET	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MAHWAH, NJ 07430	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact BETH TOTH	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) BETH TOTH			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 102 GROVE STREET			Square Feet # of Floors Bldg. Age		
City (5) MAHWAH	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/18/15	Sched. Completion Date (11) 02/25/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<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 type="checkbox"/> Full Containment w/negative pressure		
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Mini-enclosure		
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Glovebag procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-frangible procedure		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		VAT	280 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN & LAUNDRY RM		<input checked="" type="checkbox"/>		PIPE INSULATION	32 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/19/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/11/15



CK 005829

D&amp;S Proj. #: 2015-52

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

RECEIVED

2015 FEB 18 PM 12:21

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 10/12/11/11/11/15/1		Name of Building Owner/Operator (2) DOROTHY MC CLAIN	
Agencies Notified	Type Notification	Street Address 62 MONTROSE STREET	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07104	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact DOROTHY MC CLAIN	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) DOROTHY MC CLAIN			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 62 MONTROSE STREET			Square Feet # of Floors Bldg. Age		
City (5) Newark	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/12/15	Sched. Completion Date (11) 02/25/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT	Yes No N/A	PIPE INSULATION	240 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/13/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/11/15



Feb 2015 02:40pm

P001/001

D&amp;S Proj. #: 2015-52

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

APPROVED  
NJ Dept. of Health & Senior Services  
(signature)  
Date: 2/11/15 2:22

Date of Notification (1) 10/2/11/11/15		Name of Building Owner/Operator (2) DOROTHY MC CLAIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 62 MONTROSE STREET		City, State, Zip Code Newark, NJ 07104	
Name of Contact DOROTHY MC CLAIN		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) DOROTHY MC CLAIN			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 62 MONTROSE STREET			Square Foot # of Floors Bldg. Age		
City (5) Newark	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 02/12/15		Sched. Completion Date (11) 02/25/15		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	H e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	240 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/13/15		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/11/15	

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

RECEIVED

Date of Notification (1) 2/13/15		Name of Building Owner/Operator (2) Vincent & Kathleen Campi							
Agencies Notified	Type Notification	Street Address 614 Mercer Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Spring Lake Heights, NJ 07762							
		Name of Contact Tom Degnan	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	# of Floors 1						
City (5) Spring Lake Heights		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. 908-218-0880	License No. 01228						
Start Date (10) 2/20/15	Scheduled Completion Date (11) 2/23/15	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe	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 2/24/15	City, State Morrisville, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>			Date 2/13/15		



CK 005830

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

D&amp;S Proj. #: 15-50

Date of Notification (1) 10/12/11/12/15		Name of Building Owner/Operator (2) 491 Bloomfield, LLC c/o The Bravitas Group, Inc	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	105 Grove Street, Suite 5	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Jack Finn	

## FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)		Sched. Completion Date (11)	Telephone Number	License Number
2/26/15		4/26/15	973-345-8020	01169
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			D & S Restoration, Inc.	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			Street Address	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			20 California Avenue	
			City, State, Zip Code	
			Paterson, NJ 07503	

Scope of Work (check all that apply)			<input checked="" type="checkbox"/> Full Containment w/negative pressure			
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Mini-enclosure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<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)	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	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Duct Insulation	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor		<input checked="" type="checkbox"/>		2x4,2x5 Drop Ceiling Tiles	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior		<input checked="" type="checkbox"/>		Window Caulking	800 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 40 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 2/12/2015



B &amp; G proj. #: 2015-23

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

Check # 7082

Date of Notification (1) <u>10/21/11/15</u>		Name of Building Owner/Operator (2) <u>Ellen Tierney</u>	
Agencies Notified	Type Notification	Street Address <u>1232 E 2nd Street</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Plainfield, NJ 07061</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Peter Terney</u>	
		Telephone Number <u>1 /</u>	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Ellen Tierney</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1232 E 2nd Street</u>			Square Feet    # of Floors    Bldg. Age		
City (5) <u>Plainfield</u>	County (6) <u>Union</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>02/25/2015</u>		Sched. Completion Date (11) <u>02/26/2015</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>105 Ryerson Road</u>			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code <u>LincolnPark, NJ 07035</u>			

## Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	130 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2½</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>02/27/2015</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>02/11/2015</u>



B &amp; G proj. #: 2015-26

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

Check # 7081

Date of Notification (1) <u>10/21/11 11/11/15</u>		Name of Building Owner/Operator (2) <u>Atlantic Health System</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial	Street Address <u>100 Madison Avenue</u>	
	<input type="checkbox"/> Amendment	City, State, Zip Code <u>Morristown, NJ 07960</u>	
	<input type="checkbox"/> Cancellation	Name of Contact <u>Peter Palmer</u>	
		Telephone Number _____	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Morristown Medical Center, Franklin Building</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>100 Madison Avenue, 1st floor East wing</u>			Square Feet _____		
City (5) <u>Morristown</u>			# of Floors _____		
County (6) <u>Morris</u>			Bldg. Age _____		
County Code (7) (State use only)			Current Use (Prior if being demolished) <u>Hospital</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>T&amp;M Associates</u>		ASCM No. <u>0145</u>	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address <u>11 Tindall Road</u>		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code <u>Middletown, NJ 07748</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm <u>Kevin Burns</u>		Phone Number <u>732-676-4000</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>02/13/2015</u>		Sched. Completion Date (11) <u>02/16/2015</u>	Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>work shift 4:00pm - 12:30am</u>			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

## Scope of Work (check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                                  | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Patients Library			<input checked="" type="checkbox"/>	floor tile & mastic	225 sf	<input checked="" type="checkbox"/>			

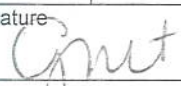
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>4 yds</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>02/17/2015</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>02/11/2015</u>

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

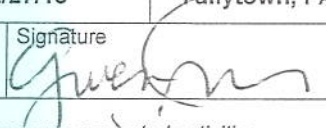
Date of Notification (1) <div style="text-align: center;">2 / 11 / 15</div>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job #1501-4861 Check #</b>		<b>COURTESY</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ 07080</b> Name of Contact <b>Michael Luciani</b>	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Control House</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Front Street</b>					
City (5) <b>Scotch Plains</b>				Square Feet	# of Floors
				Bldg. Age	
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Control House</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>PO Box 365</b>				Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <b>1 / 19 / 14</b>		Scheduled Completion Date (11) <b>2 / 13 / 15</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>1,500 LF</b>
	Yes	No	N/A		
Exterior of Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	excavated pipe	<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"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Camden, NJ</b>				Disposal Date <b>2/13/15</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 	Date <b>2/11/15</b>



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

Date of Notification (1) <div style="text-align: center;">2 / 10 / 15</div>		Name of Building Owner/Operator (2) <b>Trustees of Princeton / Job #1501-4864 Check #7026</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego, P.E.</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Peyton Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Ivy Lane Princeton, NJ -Princeton University Main Campus</b>									
City (5) <b>Princeton</b>		Square Feet <b>33,000</b>	# of Floors <b>3</b>						
		Bldg. Age <b>49</b>							
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Building Shut Down for Construction</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>3 Terri Lane</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Michael R. Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>609-265-2107</b>						
		License No. <b>00529</b>							
Start Date (10) <div style="text-align: center;">2 / 2 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 30 / 15</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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
A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	14,890	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting on Fiberglass Lines	28 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>			Disposal Date <b>4/30/15</b>	City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>2/10/15</b>		

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

Date of Notification (1) <div style="text-align: center;">2 / 10 / 15</div>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1304-4626 Check # 6997							
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 #10 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 20 Washington 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 20 Washington Road, Princeton University Main Campus		Square Feet 1,000,000	# of Floors 5						
City (5) Princeton		Bldg. Age 85							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 3 / 24 / 14	Scheduled Completion Date (11) 2 / 27 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM-12AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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
Room 227A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Exterior Steam Tunnell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cut & Wrap	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	714 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. Column C-D between 5&6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double layer Floor tile & Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 2/27/15	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 	Date 2/10/15					



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

1304-4626  
Page 2 of 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Light Court TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Glass TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Perimeter Window Caulk	80 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"/>	Exterior Window Glazing	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris clean up	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	986 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1964 Addition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing Mastic	2,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor to 3 <sup>rd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows including caulk & glazing	900	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

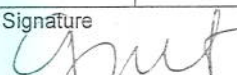
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

1501-4868

Date of Notification (1) 2 / 13 / 15		Name of Building Owner/Operator (2) State of NJ DPMC / Job # Check #7032							
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 33 West State Street Floor 9							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Cathy Douglass	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vineland DOT Repair Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1959 South Delsea Drive		Square Feet	# of Floors						
City (5) Vineland		Bldg. Age							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Frisbee	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 2 / 23 / 15	Scheduled Completion Date (11) 3 / 31 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	812 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows & Glazing	1,626 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 3/31/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 2/13/15		

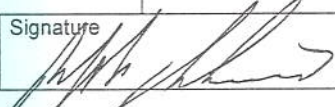


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">2 / 11 / 15</div>		Name of Building Owner/Operator (2) The College of New Jersey / Job #1407-4786 Check #7030 16							
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 PO Box 7718 City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Roscoe Hall West		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 2000 Pennington Road		Square Feet	# of Floors						
City (5) Ewing		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	License No. 00529						
Start Date (10) 2 / 25 / 15	Scheduled Completion Date (11) 3 / 4 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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) <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
6 Air Handler Unit Locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	32 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 3/4/15	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 2/11/15			

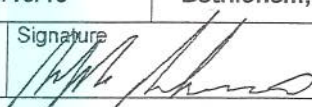
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**


Date of Notification (1) <div style="text-align: center;">02 / 16 / 15</div>			Name of Building Owner/Operator (2) <b>Santander Bank, N.A.</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>75 State Street</b>					
				City, State, Zip Code <b>Boston, MA</b>					
				Name of Contact <b>Susan Peck</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Santander Bank</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>188 Nassau Street</b>									
City (5) <b>Princeton, NJ</b>				Square Feet <b>2,000</b>	# of Floors <b>1</b>				
				Bldg. Age <b>45</b>					
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>		Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>					
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-557-6171</b>		Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>				
Start Date (10) <div style="text-align: center;">02 / 27 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">03 / 31 / 15</div>		Name of OSHA Monitor <b>Testor Tech</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM- <u>6:00</u> PM/ <u>2:30</u> PM- <u>      </u> AM				Street Address <b>10 59 Jackson Avenue</b>					
				City, State, Zip Code <b>LIC NY 11101</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Mens & Womens Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	50SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>IESI</b>				
City, State <b>Newark, NJ</b>				Disposal Date <b>3/10/15</b>	City, State <b>Bethlehem, PA</b>				
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 		Date <b>02-16-15</b>			



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

Date of Notification (1) <div style="text-align: center;">02 / 16 / 15</div>		Name of Building Owner/Operator (2) <b>Santander Bank, N.A.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <b>75 State Street</b>							
		City, State, Zip Code <b>Boston, MA</b>							
		Name of Contact <b>Susan Peck</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Santander Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>8 South Main Street</b>									
City (5) <b>Marlboro, NJ</b>		Square Feet <b>2,000</b>	# of Floors <b>1</b>						
		Bldg. Age <b>45</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-557-6171</b>	Telephone No. <b>718-605-6256</b>						
		License No. <b>00774</b>							
Start Date (10) <div style="text-align: center;">02 / 28 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 31 / 15</div>		Name of OSHA Monitor <b>Testor Tech</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM- <u>2:30</u> PM/ <u>11:30</u> PM- <u>      </u> AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC NY 11101</b>							
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 type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Mens & Womens Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	50SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>3/10/15</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 			Date <b>02-16-2015</b>		

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

Date of Notification (1) <div style="text-align: center;">02 / 11 / 15</div>		Name of Building Owner/Operator (2) <b>Santander Bank, N.A.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>75 State Street</b>							
		City, State, Zip Code <b>Boston, MA</b>							
		Name of Contact <b>Susan Peck</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Santander Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>8 South Main Street</b>		Square Feet <b>2,000</b>	# of Floors <b>1</b>						
City (5) <b>Marlboro, NJ</b>		Bldg. Age <b>45</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-557-6171</b>	Telephone No. <b>718-605-6256</b>						
License No. <b>00774</b>									
Start Date (10) <div style="text-align: center;">02 / 28 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 31 / 15</div>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:30PM/11:30PM-</u> AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC NY 11101</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Mens & Womens Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	50SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>3/10/15</b>	City, State <b>Bethlehem, PA</b>						
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>	Signature 				Date <b>02-11-2015</b>		



NO CK

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

Date of Notification (1) 2 / 13 / 15		Name of Building Owner/Operator (2) <b>First States Investors 5200, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>550 Blair Mill Road</b> City, State, Zip Code <b>Horsham, PA 19044</b> Name of Contact <b>Cathy Webb</b> Telephone Number ---							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>367 Springfield Avenue</b>		Square Feet <b>100,000</b>	# of Floors <b>2</b>						
City (5) <b>Summit</b>		Bldg. Age <b>80+/-</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bank</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, LLC</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>1600 Route 22 East</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Craig Abrams</b>		Telephone No. <b>908-688-7800</b>	License No. <b>01121</b>						
Start Date (10) 12 / 29 / 14	Scheduled Completion Date (11) 2 / 28 / 15	Name of OSHA Monitor <b>Hillmann Consulting, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>1600 Route 22 East</b> City, State, Zip Code <b>Union, NJ 07083</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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 - Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill <b>Grows North Landfill</b>					
City, State <b>Morrisville, PA</b>		Disposal Date <b>2/28/2015</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Jessica Wolfe</b>	Title <b>Administrative Support</b>	Signature <i>Jessica Wolfe</i>				Date <b>2/13/2015</b>			

CK # 5949

Print Form

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>2/16/2015</b>		Name of Building Owner/Operator (2) <b>PSE &amp; G - SOUTHERN</b>							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>300 NEW ALBANY ROAD</b>							
		City, State, Zip Code <b>MOORESTOWN, N.J. 08057</b>							
		Name of Contact <b>ROBERT SMITH</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>4140 QUAKER BRIDGE RD.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>LAWRENCEVILLE</b>		Square Feet <b>120,000</b>	# of Floors <b>2</b>						
County (6) <b>MERCER</b>		Bldg. Age <b>57 YRS</b>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>SUBSTATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>						
Start Date (10) <b>2/28/2015</b>		License No. <b>01111</b>							
Scheduled Completion Date (11) <b>4/14/2015</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>LOBBY</b>		<input checked="" type="checkbox"/>		<b>FLOOR TILE + MASTIC</b>	<b>875 SF</b>	<input checked="" type="checkbox"/>			
<b>SECOND FLOOR</b>		<input checked="" type="checkbox"/>		<b>FLOOR TILE + MASTIC</b>	<b>300 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 25</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>7/13/15</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>		Date <b>2/16/2015</b>				

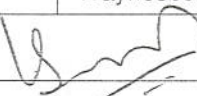


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

FEB 18 AM 10:59

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 2/10/2015		Name of Building Owner/Operator (2) Mr. Vita Cetta							
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 135 North 15th Street		City, State, Zip Code Prospect Park, NJ 07508							
Name of Contact Mr. Vita Cetta		Telephone Number							
<b>FACILITY INFORMATION</b>									
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 135 North 15th Street		Square Feet 2,000							
City (5) Prospect Park		# of Floors 2							
County (6) Passaic		Bldg. Age 70+							
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.							
Street Address		Name of Abatement Contractor (9) DIA General Construction, Inc.							
City, State, Zip Code		Street Address 1360 Clifton Avenue, PMB Suite 218							
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07012							
Telephone No.		Telephone No. 973-389-0089							
Start Date (10) 2/21/2015		License No. 00693							
Scheduled Completion Date (11) 2/22/2015		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 Avenue, PMB Suite 218							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe/elbow Insulation	210 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 7		Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE 19720		Disposal Date 2/22/2015		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 02/10/2015			

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

CR # 2015-0204

Date of Notification (1) 2 / 11 / 15		Name of Building Owner/Operator (2) Verizon	
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 15 East Montgomery Place, Lower Level	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 95 Williams St.		Square Feet	
City (5) Newark		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00509
Start Date (10) 2 / 23 / 15	Scheduled Completion Date (11) 2 / 25 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	
Throughout 10 <sup>th</sup> Floor	<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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State NEW CASTLE, DE 19720		Name of Registered Landfill MINERVA LANDFILL	
Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / jl	Date 2/11/15

ASB-41  
MAY 11 13514115

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



D&amp;S Proj. #: 2015-47

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

RECEIVED

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 02/10/15		Name of Building Owner/Operator (2) DAVID SPEEDIE	
Agencies Notified	Type Notification	Street Address 15 WARFIELD STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Upper Montclair, NJ 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact DAVID SPEEDIE	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number 973-783-5096	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID SPEEDIE			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 15 WARFIELD STREET			Square Feet		
City (5) Upper Montclair			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 03/03/15		Sched. Completion Date (11) 03/25/15		License Number 01169	
Occupancy Status During Abatement (Check only one)				Name of OSHA Monitor D & S Restoration, Inc.	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				Street Address 20 California Avenue	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				City, State, Zip Code Paterson, NJ 07503	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition
- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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 BOILER RM		<input checked="" type="checkbox"/>		PIPE INSULATION	78 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement storage room		<input checked="" type="checkbox"/>		PIPE INSULATION	21 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	21 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/04/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/09/2015

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

OK 4015

Date of Notification (1) 02/12/2015		Name of Building Owner/Operator (2) Sheryl Crimmins							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 825 Boonton Avenue							
		City, State, Zip Code Boonton, NJ 07005							
		Name of Contact Sheryl Crimmins	Telephone Number 201-213-3987						
<b>FACILITY INFORMATION</b>									
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 825 Boonton Avenue		Square Feet	# of Floors						
City (5) Boonton		Bldg. Age							
County (6) Morris	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) VMC Company, Inc.						
Street Address		Street Address 208 Piaget Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-253-8828						
			License No. 00704						
Start Date (10) 02/25/2015	Scheduled Completion Date (11) 02/26/2015	Name of OSHA Monitor VMC Company, 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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace			x	Pipe Insulation	20 LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 02/12/2015			