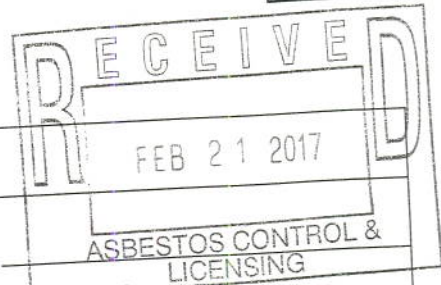


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



CK 2612

Date of Notification (1) 2/8/17

Name of Building Owner/Operator (2) Avniela Bozih

Agencies Notified  
☐ EPA  
☒ DEP  
☒ DOL  
☐ DOH  
☐ DCA

Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☒ Emergency (including justification)  
☐ Cancellation

Street Address  
 City, State, Zip Code Monasquan, NJ  
 Name of Contact Eric Plackis  
 Telephone Number 08736

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 Street Address  
 City (5) Monasquan  
 County (6) Monmouth  
 County Code (7) (STATE USE ONLY)  
 Name of Monitoring Firm Hired by Building Owner (8)  
 Street Address  
 City, State, Zip Code  
 Project Manager for Monitoring Firm  
 Telephone No.  
 Start Date (10) 2/9/17  
 Scheduled Completion Date (11) 3/2/17  
 Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:  
 Scope of Work (Check All That Apply)  
☐  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☒ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)  
 Square Feet 1574  
 # of Floors 2  
 Bldg. Age 100  
 Current Use (Prior if being demolished) Home  
 Name of Abatement Contractor (9) Brick Industries Inc.  
 Street Address P.O. Box 915  
 City, State, Zip Code Brick, New Jersey 08723  
 Telephone No. (732)899-7499  
 License No. 01196  
 Name of OSHA Monitor  
 Street Address  
 City, State, Zip Code

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				transite panels	100SF				
				interior plaster	1000SF				

Name of Registered Waste Hauler Brick Industries Inc.  
 NJDEP Waste Hauler ID No. 21602  
 City, State Brick, New Jersey  
 Cubic Yards of Waste 8  
 Disposal Date 3/3/17  
 Name of Registered Landfill GROWS Inc.  
 City, State PA  
 Signature [Signature]  
 Date 2/8/17  
 Completed by Eric Plackis  
 Title President

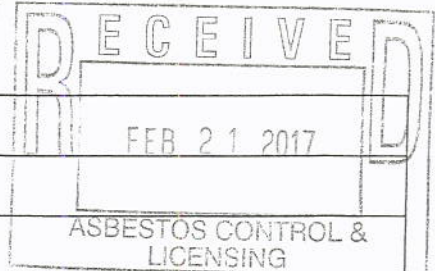


RECEIVED  
FEB 21 2017  
ASBESTOS CONTROL & LICENSING

PD16155



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



Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>213 S. 3<sup>rd</sup> Street</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Hammonton NJ</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended <b>R#4-2/10/17</b>	Name of Contact <b>ALEX BAYLOR</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>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>			Square Feet <b>24011</b>	# of Floors <b>3</b>	Bldg. Age <b>70</b>
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>Off site 2/10/17-on site 2/13/17</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT POWER ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION & FITTINGS	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>ND</sup> FLOOR JANITOR'S CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTHOUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE FITTING INSULATION	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>	
City, State <b>BRISTOL, PA</b>		Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>		
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>12/7/16</b>



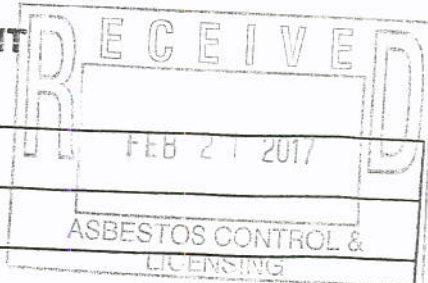
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <b>R#3-2/8/17</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>213 S. 3<sup>rd</sup> Street</b> City, State & Zip Code <b>Hammonton NJ</b> Name of Contact <b>ALEX BAYLOR</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>		Square Feet <b>24011</b>	# of Floors <b>3</b>						
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	Bldg. Age <b>70</b>							
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.							
Street Address <b>3436 ENTERPRISE AVE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Telephone Number <b>215-365-5810</b>		Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>ON SITE 2/9/17 - 2/18/17</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEMENT POWER ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION & FITTINGS	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR JANITOR'S CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WITHOUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE FITTING INSULATION	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>					
State <b>PA</b>		Disposal Date <b>TBD</b>		City, State <b>EGG HARBOR TWP, NJ</b>					
Signed By (Print or Type) <b>NICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick N. DeCaro / jgl</i>				Date <b>12/7/16</b>		



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



Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</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 checked="" type="checkbox"/> Amended R#2-12/29/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>213 S. 3<sup>rd</sup> Street</b>	
		City, State & Zip Code <b>Hammonton NJ</b>	
		Name of Contact <b>ALEX BAYLOR</b>	
		Telephone Number	
		FACILITY INFORMATION	

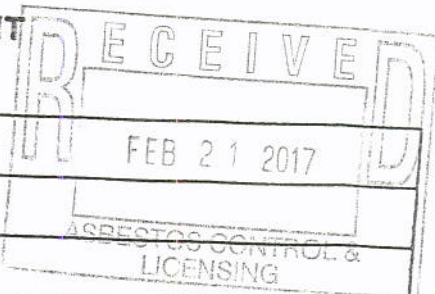
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>213 S. 3<sup>rd</sup> Street</b>			Square Feet <b>24011</b>	# of Floors <b>3</b>	Bldg. Age <b>70</b>
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ISA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>ARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
Type of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ISA ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>
City, State <b>OL, PA</b>	Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>	
Prepared By (Print or Type) <b>PAUL T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jc</i>	Date <b>12/7/16</b>



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



Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</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 checked="" type="checkbox"/> Amended R#1-12/20/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>213 S. 3<sup>rd</sup> Street</b>		City, State & Zip Code <b>Hammonton NJ</b>	
Name of Contact <b>ALEX BAYLOR</b>		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>			Square Feet <b>24011</b>		
City (5) <b>Hammonton</b>			County (6) <b>Atlantic</b>		County Code (7)
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			# of Floors <b>3</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>			Bldg. Age <b>70</b>		
Telephone Number <b>215-365-5810</b>			Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>SA ENVIRONMENTAL MANAGEMENT, INC.</b>			ASCM No.		
Street Address <b>136 ENTERPRISE AVE</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			Street Address <b>1123 BEAVER STREET</b>		
Telephone Number <b>215-788-6040</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Scheduled Start Date (10) <b>December 19, 2016</b>			License Number <b>00509</b>		
Scheduled Completion Date (11) <b>December 30, 2016</b>			Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
Type of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

- ☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>DL ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>
City, State <b>DL, PA</b>	Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>	
Prepared By (Print or Type) <b>MARK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro/jk</i>	Date <b>12/7/16</b>



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

**RECEIVED**  
*Ch # 3131*  
FEB 21 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>213 S. 3<sup>rd</sup> Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Hammononton NJ</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>ALEX BAYLOR</b>	
<input checked="" type="checkbox"/> DOL 0781	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH 0250	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

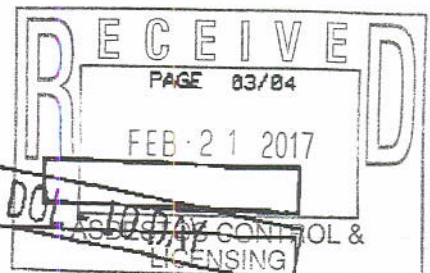
Name of Facility Where Abatement is Taking Place (3) <b>Hammononton Central Office</b>				Type of Facility (4)			
Street Address <b>213 S. 3<sup>rd</sup> Street</b>				<input type="checkbox"/> School (K-12)			
City (5) <b>Hammononton</b>				<input type="checkbox"/> Subchapter B (Other than K-12)			
County (6) <b>Atlantic</b>		County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Square Feet <b>24011</b>		# of Floors <b>3</b>		Bldg. Age <b>70</b>			
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>SA ENVIRONMENTAL MANAGEMENT, INC.</b>				Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>			
Street Address <b>36 ENTERPRISE AVE</b>				Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>				City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>		Telephone Number <b>215-788-6040</b>		License Number <b>00509</b>	
Scheduled Start Date (10) <b>December 19, 2016</b>		Scheduled Completion Date (11) <b>December 23, 2016</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>			
Occupancy Status During Abatement (Check only one)				Street Address <b>1123 BEAVER STREET</b>			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State & Zip Code <b>BRISTOL, PA 19007</b>			
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm							
Describe: <b>5:00 PM - 1:30 PM</b>							
<input type="checkbox"/> Facility Occupied During Abatement							
Type of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <b>ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>
PA	Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>	
By (Print or Type) <b>R. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick P. DeCaro</i>	Date <b>12/7/16</b>



82/14/2017 89:82AM 9736381778



Check#2721

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

Date of Notification (1)

02 / 14 / 17

Name of Building Owner/Operator (2)

Edwin J. Elton

Street Address

City, State, Zip Code

Ridgewood, NJ 07450

Name of Contact

Ron Kolins

Telephone Number

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 5:23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☒ Emergency (including justification)☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

Type of Facility (4)

☐ School (K-12)☐ Subchapter 6 (Other than K-12)☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

City (5)

Ridgewood, NJ 07450

County (6)

Bergen

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

City, State, Zip Code

576 Valley Rd #283

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Wayne, NJ 07470

Telephone No.

License No.

Start Date (10)

02 / 15 / 17

Scheduled Completion Date (11)

02 / 16 / 17

973-638-1777

01127

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM PM AM

Envirovision Consultants, Inc

Street Address

20-21 Wagraw Road, Bldg. # 35E

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >150 sf or >250 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure  
☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Tent with Negative Pressure  
☐ Non-Exempted (\*) and Non-Frangible Procedure

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

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

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclose

Basement

☐ ☐ ☒

Duct insulation

3 SF

☒ ☐ ☐ ☐

Crawl space

☐ ☐ ☒

Pipe-wrap &amp; cur

50 LF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

NJ DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.P. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N. Jevtic

Owner

02/14/17

A98-41

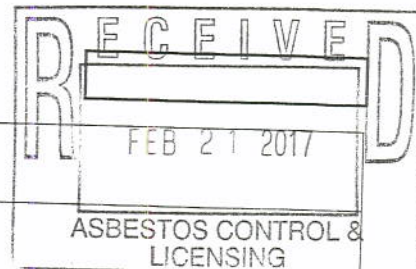
MAY 11

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



Check#2722

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



Date of Notification (1) 02 / 14 / 17		Name of Building Owner/Operator (2) Domenic Maffei	
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 West Orange, NJ 07052		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Domenic Maffei		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address		Square Feet	# of Floors
City (b) West Orange, NJ 07052		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 02 / 24 / 17		Scheduled Completion Date (11) 02 / 25 / 17	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

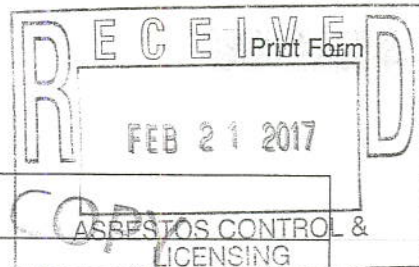
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 02/14/17



NO CL

FEB. 17<sup>TH</sup> CANCELLED

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



Date of Notification (1) <b>FEB. 16, 2017</b>		Name of Building Owner/Operator (2) Marquis Health Services							
Agencies Notified	Type Notification	Street Address 635 Duquesne Boulevard							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Brick, NJ 08723							
		Name of Contact Jonathan Rhoades							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Coral Harbor Rehab Center		Type of Facility (4)							
Street Address 2050 6th Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Neptune City		Square Feet 191000	# of Floors 4 IFL						
County (6) Monmouth		Bldg. Age 1969							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rehab Center							
Name of Monitoring Firm Hired by Building Owner (8) <del>N/A</del> AIR CONSULTING SERVICES, LLC		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address 301 E. WARD ST.		Street Address 17 Thompson Street							
City, State, Zip Code HIGHTSTOWN, NJ 08520		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm DAVID KICWA		Telephone No. 609-371-2489	License No. 00040						
Start Date (10) MARCH 21, 2017	Scheduled Completion Date (11) MARCH 22, 2017	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: ROOMS VACATED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4 PATIENT ROOM			X	VAT	41 660 sq ft	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 4 CY	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 2/24/17		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature <i>Joseph P. Miller</i>			Date 2/15/17		



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

CK # 3960

Date of Notification (1) <b>2/14/17</b>		Name of Building Owner/Operator (2) <b>MS. LIDIA RAMOS</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 21 2017 ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>HASBROUCK HEIGHTS, NJ, 07604</b>			
		Name of Contact <b>MR PARENTE</b>		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>MS. LIDIA RAMOS</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>HASBROUCK HEIGHTS</b>			Square Feet <b>2000</b>	# of Floors <b>2</b>	Bldg. Age <b>1935</b>
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>		
Street Address		Street Address <b>450 South River Street</b>			
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>	
Start Date (10) <b>2/27/17</b>		Scheduled Completion Date (11) <b>2/28/17</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check Only One)			Street Address <b>280 Huyler Street</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>8:00AM TO 5:00PM</b>			City, State, Zip Code <b>South Hackensack, NJ 07606</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"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL SYSTEMS INSULATION</b>	<b>55 LF</b>	<b>X</b>			

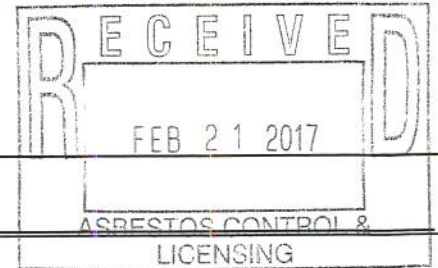
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 c75</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>	
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/28/17</b>	City, State <b>Waynesburg, OH 44688</b>		
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>2/14/17</b>		



CK 6991

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

D&amp;S Proj. #: 17-51



Date of Notification (1) 02/11/17		Name of Building Owner/Operator (2) BARRY POTVIN	
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	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAYWOOD, NJ 07607	
		Name of Contact BARRY POTVIN	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) BARRY POTVIN			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			Square Feet # of Floors Bldg. Age		
City (5) MAYWOOD			County (6) BERGEN		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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) 02/27/17		Sched. Completion Date (11) 03/15/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT/BOILER, LAUNDRY +		X		PIPE INSULATION	70 L FT	X			


Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/28/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/13/2017



JB 17013

CK 13811

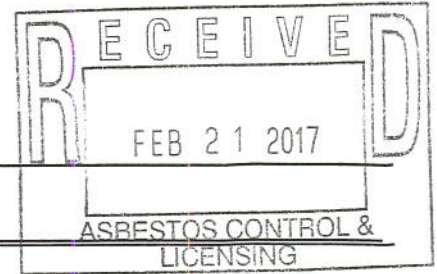
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>2 / 15 / 17</b>		Name of Building Owner/Operator (2) <b>St. Luke's Hospital</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>FEB 21 2017</b>  <b>ASBESTOS CONTROL &amp; CENSING</b> </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <b>STEAM LEAK</b> <input type="checkbox"/> Cancellation	Street Address <b>185 Roseberry St.</b>							
		City, State, Zip Code <b>Phillipsburg, NJ 08865</b>							
		Name of Contact <b>Ted Ruhf</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St. Luke's Hospital</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>185 Roseberry St.</b>									
City (5) <b>Phillipsburg, NJ 08865</b>				Square Feet <b>100,000+</b>	# of Floors <b>2</b>				
County (6) <b>Warren</b>				County Code (7) (STATE USE ONLY)	Bldg. Age <b>41+</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennonni Assoc.</b>				ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>				
Street Address <b>515 Grove St.</b>				Street Address <b>550 East Union St.</b>					
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>				City, State, Zip Code <b>West Chester, PA 19382</b>					
Project Manager for Monitoring Firm <b>Tom Adams</b>		Telephone No. <b>856-547-0505</b>		Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>				
Start Date (10) <b>2 / 16 / 17</b>		Scheduled Completion Date (11) <b>2 / 16 / 17</b>		Name of OSHA Monitor <b>AET</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>8:00 PM - 4:00 AM</b>				Street Address <b>28 N. Pennel Road</b>					
				City, State, Zip Code <b>Media, PA 19063</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	7 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 <b>Richard Burns &amp; Co.</b>		NJDEP Waste Hauler ID No. <b>19955</b>		Cubic Yards of Waste <b>160</b>	Name of Registered Landfill <b>Western Berks Community Landfill</b>				
City, State <b>Phila., PA</b>		Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark H. Griffin</b>		Title <b>Estimator</b>		Signature 			Date <b>2/15/17</b>		



CK6993  
D&S Proj. #: 17-54

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



Date of Notification (1) 10/21/15		Name of Building Owner/Operator (2) douglas nash	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	TEANECK, NJ 07666	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		rob morris	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) douglas nash			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			Square Feet # of Floors Bldg. Age		
City (5) TEANECK			County (6) BERGEN		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 02/20/17			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 03/10/17			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		BOILER INSULATION	30 sq ft	X			

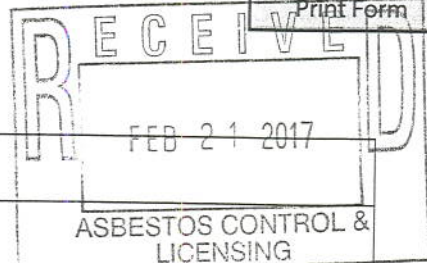
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/21/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) ROGDAN IOLDZIC	Title PRESIDENT	Signature	Date 02/15/17



CK1085

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

Print Form



Date of Notification (1) 2/16/17		Name of Building Owner/Operator (2) Sandra Guerrero							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649  Name of Contact Sandra Guerrero							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter.8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oradell	Square Feet 2650	# of Floors 2	Bldg. Age 60+/-						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Ground Floor		x		VAT	291 SF				
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 2/16/17					



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

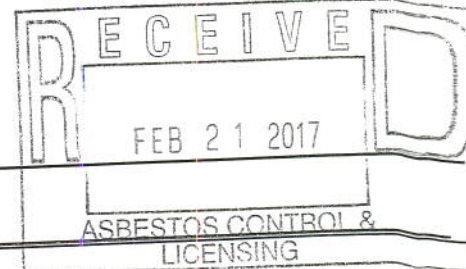
CR # 3157

Date of Notification (1) 02 / 17 / 17		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  FEB 21 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 18 Patterson Street			
		City, State, Zip Code New Brunswick NJ, 07728				Name of Contact Alex Baylor			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) New Brunswick Central Office				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 18 Patterson Street				Square Feet 240100					
City (5) New Brunswick				# of Floors 10					
County (6) Middlesex				Bldg. Age + - 80					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Verizon Communication					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc			ASCM No.						
Street Address 8436 Enterprise Avenue			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
City, State, Zip Code Philadelphia, PA, 19153			Street Address 1123 BEAVER STREET						
Project Manager for Monitoring Firm Mark Jenkins			City, State, Zip Code BRISTOL, PA 19007						
Telephone No. 2153655810			Telephone No. 215-788-6040						
Start Date (10) 03 / 06 / 17			License No. 00509						
Scheduled Completion Date (11) 03 / 10 / 17			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
First Floor Frame Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	504 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	80 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 SERVICE TRANSPORT GROUP, INC.			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE			Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro			Title Estimator		Signature <i>Dillon DeCaro</i>		Date 2/17/17		



Paragon Job#

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



Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) Gateway EH 4/5, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 250 Memorial Dr.		City, State, Zip Code Camden, NJ 08103	
Name of Contact Chris Condon		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1150 Wright Ave.			Square Feet 23,600 SF		
City (5) Camden			County (6) Camden		# of Floors 01
County Code (7) (State use only)			Bldg. Age 65		Current Use (Prior if being demolished) Vacant Building
Name of Monitoring Firm Hired by Bldg. Owner (8) Langan Engineering			ASCM No.		
Street Address 300 Kimball Dr. 4th Floor			Name of Abatement Contractor (9) Paragon Contracting, Inc.		
City, State, Zip Code Parsippany, NJ 07054			Street Address 590 River Rd.		
Project Manager for Monitoring Firm Langan			City, State, Zip Code Clifton, NJ 07014		
Sched. Completion Date (11) 03/07/2017			Telephone Number (973) 614-1600		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			License Number 00748		
Scope of work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			Name of OSHA Monitor Paragon Contracting, Inc.		
Full Containment w/negative pressure Mini-enclosure			Street Address 590 River Rd.		
Glovebag procedure Non-Exempted ( " ) Non-friable procedure			City, State, Zip Code Clifton, NJ 07014		

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						
Men's Room			<input checked="" type="checkbox"/>	VAT&Mastic	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

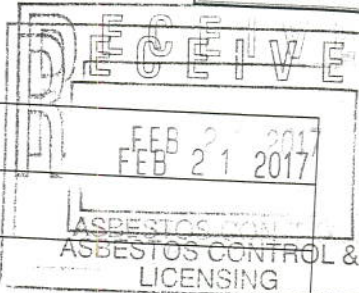
Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 6 cyds	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 02/16/2017



CK 3104 ORIGINAL WAS DATED 1-27-17 & 2-18-17  
Building WAS DROPPED DUE TO HIGHWINDS,  
However, Could Not Load OUT TIL GASE  
WATER & SCUM WAS CUT -

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

Print Form

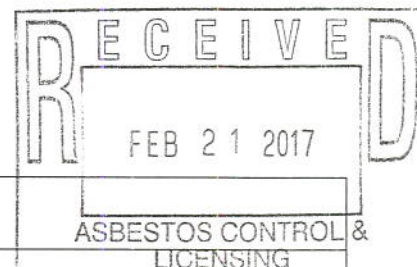


Date of Notification (1) 1/13/17		Name of Building Owner/Operator (2) American Legion Building							
Agencies Notified	Type Notification	Street Address 212 Elizabeth Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07108							
		Name of Contact Wayne							
		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) Former American Building Fire Damaged									
Street Address 212 Elizabeth Ave		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.)							
City (5) Newark, NJ	County (6) Essex	Square Feet 6000	# of Floors 3						
County Code (7) (STATE USE ONLY)		Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Abandoned							
Street Address		Name of Abatement Contractor (9) Yannuzzi Environmental Services							
City, State, Zip Code		Street Address 135 Kinnelon Rd suite 102							
Project Manager for Monitoring Firm		City, State, Zip Code Kinnelon, NJ 07405							
Telephone No.		Telephone No. 908-218-0880							
Start Date (10) 2/17/17		License No. 01228							
Scheduled Completion Date (11) 2/20/17		Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 135 Kinnelon Rd suite 102							
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		City, State, Zip Code Kinnelon, NJ 07405							
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
ENTIRE STRUCTURE			X	ENTIRE STRUCTURE		X			
				NOTICE OF IMMINENT					
				HAZARD					
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 300	Name of Registered Landfill Grows					
City, State Kinnelon NJ		Disposal Date 2/20/17		City, State Morrisville PA					
Completed by John Mucha		Title Project Mang		Signature 		Date 2/17/17			



MO 24124524377

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

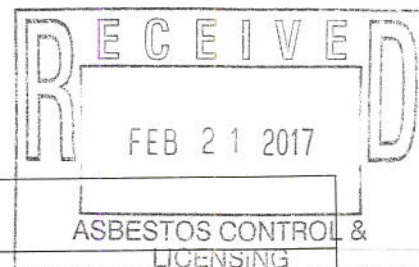


Date of Notification (1) <u>2</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Yannuzzi Group</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>135 Kinnelon Road</b> City, State, Zip Code <b>Kinnelon, NJ 07405</b> Name of Contact <b>John Mucha</b>   Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>171-175 Morris Street</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.)							
City (5) <b>Morristown, New Jersey</b>	Square Feet	# of Floors	Bldg. Age						
County (6) <b>Morris County</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Schedule for demolition</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>	ASCM No. <b>0615995</b>	Name of Abatement Contractor (9) <b>Unipro, Inc.</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>173 Karkus Avenue</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Woodbridge, NJ 07095</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>732-726-3111</b>	License No.						
Start Date (10) <u>3</u> / <u>1</u> / <u>17</u>	Scheduled Completion Date (11) <u>4</u> / <u>1</u> / <u>17</u>	Name of OSHA Monitor <b>Unipro, 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>173 Karkus Avenue</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
Bldgs 171-175	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe Insulation	145 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldgs 171-175	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof shingles	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldgs 171-175	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	1,758 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldgs 171-175	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wall plaster	3,500 SF	<input checked="" 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>04509</b>	Cubic Yards of Waste <b>-As Needed</b>	Name of Registered Landfill <b>IESI Blueridge Landfill</b>					
City, State <b>Newark, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>Chamberburg, PA</b>					
Completed By (Print or Type) <b>David Tolchin</b>		Title <b>President</b>	Signature <i>David Tolchin</i>			Date <b>2-17-17</b>			



MO 24124524377

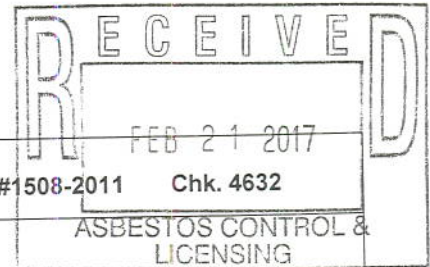
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>2</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Yannuzzi Group</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>135 Kinnelon Road</b>							
		City, State, Zip Code <b>Kinnelon, NJ 07405</b>							
		Name of Contact <b>John Mucha</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>171-175 Morris Street</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.)							
City (5) <b>Morristown, New Jersey</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Morris County</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Schedule for demolition</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>	ASCM No. <b>0615995</b>	Name of Abatement Contractor (9) <b>Unipro, Inc.</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>173 Karkus Avenue</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Woodbridge, NJ 07095</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>732-726-3111</b>	License No.						
Start Date (10) <u>3</u> / <u>1</u> / <u>17</u>	Scheduled Completion Date (11) <u>4</u> / <u>1</u> / <u>17</u>	Name of OSHA Monitor <b>Unipro, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>173 Karkus Avenue</b>							
		City, State, Zip Code <b>Woodbridge, NJ 07095</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldgs 173-2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	duct heat shield	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldgs 173-2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	duct caulk	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Sheds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	exterior vapor barrier	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 Morris Street	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	window caulk	184 SF	<input checked="" 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>04509</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Blueridge Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Chamberburg, PA</b>					
Completed By (Print or Type) <b>David Tolchin</b>		Title <b>President</b>		Signature <i>David Tolchin</i>		Date <b>2-17-17</b>			



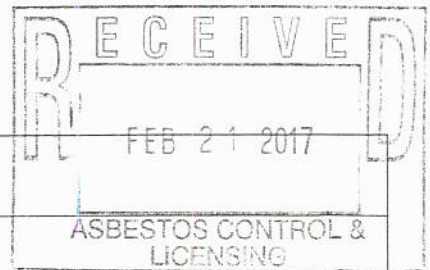
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>2</u> / <u>15</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Dipesh Patel</b>		/ Job # <b>1508-2011</b> Chk. <b>4632</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>110 Davidson Avenue</b>					
			City, State, Zip Code <b>Somerset, NJ 08873</b>					
			Name of Contact <b>Tony Merrill</b>		Telephone Number 			
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Somerset/Bridgewater Hotel</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>110 Davidson Avenue</b>			Square Feet <b>21,000</b>	# of Floors <b>3</b>	Bldg. Age <b>37</b>			
City (5) <b>Somerset</b>			County Code (7)(STATE USE ONLY) 					
County (6) <b>Somerset</b>			Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No. 	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <u>2</u> / <u>27</u> / <u>17</u>		Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>17</u>		Name of OSHA Monitor <b>EMSL Analytical, 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address <b>200 U.S. Route 130 North</b>					
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>48 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Wing B</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panels</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/27/17</b>		City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>		Signature 			Date <b>2-15-17</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 / 20 / 17</div>		Name of Building Owner/Operator (2) <b>NJSDA</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>32 E Front St</b>			
		City, State, Zip Code <b>Trenton, NJ 08608</b>			
		Name of Contact		Telephone Number	

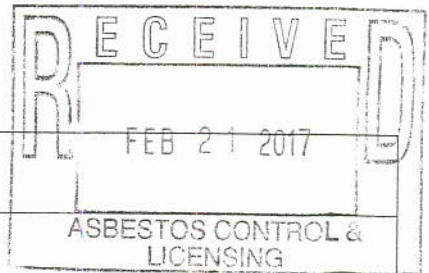
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Residential - slated for Demo</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>26th S 5<sup>th</sup> Street</b>					
City (5) <b>Harrison</b>			Square Feet <b>3,000</b>	# of Floors <b>3</b>	Bldg. Age <b>50+</b>
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Abandoned Residential Structures-Demo</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Louis Berger Group</b>		ASCM No.	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>		
Street Address <b>412 Mt Kemble</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>			
City, State, Zip Code <b>Morristown, NJ 07962-1946</b>		City, State, Zip Code <b>Spring House, PA 19477</b>			
Project Manager for Monitoring Firm <b>Bruce Lockwood</b>		Telephone No. <b>201-247-8907</b>	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>	
Start Date (10) <div style="text-align: center;">2 / 22 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">3 / 31 / 17</div>		Name of OSHA Monitor <b>CES</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: <b>7:00AM-5:00PM/</b> PM- AM			Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>		
			City, State, Zip Code <b>Spring House, PA 19477</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 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</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Tar	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	300SF	<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>Champion Waste Removal</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS Tullytown</b>	
City, State		Disposal Date <b>3/31/2017</b>		City, State <b>Morgantown, PA</b>	
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>	Date <b>2/20/17</b>



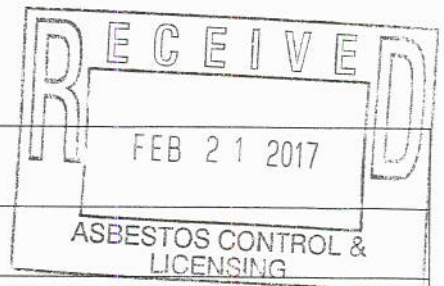
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>2</u> / <u>20</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>NJSDA</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>32 E Front St</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact  Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Residential - slated for Demo</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>24 S 5<sup>th</sup> Street</b>		Square Feet <b>3,500</b>							
City (5) <b>Harrison</b>		# of Floors <b>3</b>							
County (6) <b>Hudson</b>		Bldg. Age <b>50+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Abandoned Residential Structures-Demo</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Louis Berger Group</b>		ASCM No.							
Street Address <b>412 Mt Kemble</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
City, State, Zip Code <b>Morristown, NJ 07962-1946</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
Project Manager for Monitoring Firm <b>Bruce Lockwood</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Telephone No. <b>201-247-8907</b>		Telephone No. <b>215 542 7000</b>							
Start Date (10) <u>2</u> / <u>22</u> / <u>17</u>		License No. <b>00847</b>							
Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor <b>CES</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>7:00AM-5:00PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</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 type="checkbox"/> Renovation <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		City, State, Zip Code <b>Spring House, PA 19477</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Interior Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Walls & Ceilings	7000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Elbows	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Champion Waste Removal</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS Tullytown</b>				
City, State		Disposal Date <b>3/31/2017</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>2/20/17</b>		



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

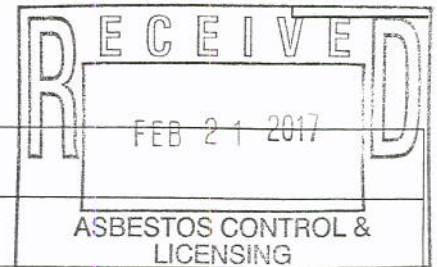


Date of Notification (1) <u>2</u> / <u>20</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>NJSDA</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>32 E Front St</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact  Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Residential - slated for Demo</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>22 S 5<sup>th</sup> Street</b>		Square Feet <b>3,500</b>							
City (5) <b>Harrison</b>		# of Floors <b>3</b>							
County (6) <b>Hudson</b>		Bldg. Age <b>50+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Abandoned Residential Structures-Demo</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Louis Berger Group</b>		ASCM No.							
Street Address <b>412 Mt Kemble</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
City, State, Zip Code <b>Morristown, NJ 07962-1946</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
Project Manager for Monitoring Firm <b>Bruce Lockwood</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Telephone No. <b>201-247-8907</b>		Telephone No. <b>215 542 7000</b>							
Start Date (10) <u>2</u> / <u>22</u> / <u>17</u>		License No. <b>00847</b>							
Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor <b>CES</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>7:00AM-5:00PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</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 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 <i>TENT, WRAP + CWT</i> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Spring House, PA 19477</b>							
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 Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Elbows	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing- Non Friable Exterior	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Champion Waste removal</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS Tullytown</b>				
City, State		Disposal Date <b>3/31/2017</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <u>2/20/17</u>		



CK 2153

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



Date of Notification (1) 2-13-2017		Name of Building Owner/Operator (2) Pedro Jimenez	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ 07093	
		Name of Contact Christian Bastidas	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) West New York, NJ 07093		Square Feet 2500	# of Floors 2
		Bldg. Age 118+	
County (6) Hudson	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) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174
Start Date (10) 2-13-2017	Scheduled Completion Date (11) 2-13-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

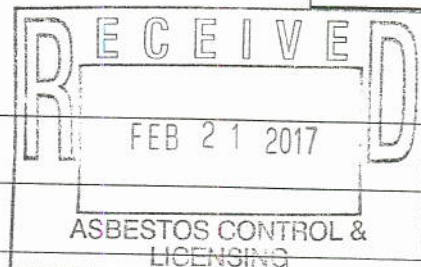
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation	45 LF	x			

Name of Registered Waste Hauler Green Environmental Services	NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.r.o.w.s. North Landfill
City, State Jersey City, NJ		Disposal Date 2-13-2017	City, State Morrisville, PA
Completed by Liliana Serrano	Title Office Manager	Signature 	Date 2-13-2017



CK 2155

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



Date of Notification (1) 2-13-2017		Name of Building Owner/Operator (2) MLC Remodeling, LLC	
Agencies Notified	Type Notification	Street Address 668 Palmer 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maywood, NJ 07607	
		Name of Contact Mario Robles	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City, NJ 07307		Square Feet 2221	# of Floors 2
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 75+
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC	
City, State, Zip Code		Street Address 235 Virginia Avenue	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174
Start Date (10) 2-14-2017	Scheduled Completion Date (11) 2-14-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

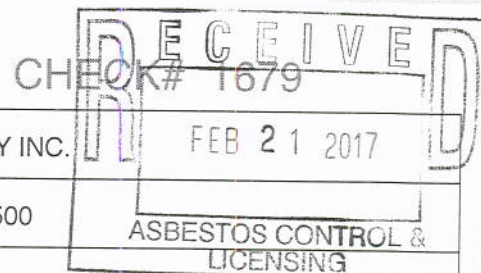
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	65 LF	X			

Name of Registered Waste Hauler Green Environmental Services	NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.r.o.w.s. North Landfill
City, State Jersey City, NJ		Disposal Date 2-14-2017	City, State Morrisville, PA
Completed by Liliana Serrano	Title Office Manager	Signature	Date 2-13-2017



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



Date of Notification (1) 02/13/2017		Name of Building Owner/Operator (2) FLAUM MANAGEMENT COMPANY INC.	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 ANDREWS STREET SUITE 500	
		City, State, Zip Code ROCHESTER NEW YORK 14620	
		Name of Contact ASHER FLAUM	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GRANDVIEW APARTMENTS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 450 CRAFTON AVE.		Square Feet 900 P/UNIT	# of Floors 2
City (5) PITMAN		Bldg. Age 50+	
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676
		License No. 01145	
Start Date (10) 02/13/2017	Scheduled Completion Date (11) 02/14/2017	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 200 RT. 130 NORTH	
		City, State, Zip Code CINNAMINSON NJ 08077	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	15 LF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 02/14/2017	City, State WAYNESBURG, OH		
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 02/13/2017	



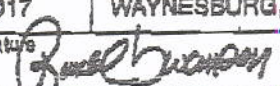
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ASSURED SERVICES

PAGE 03/84

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

CHECK# E1679

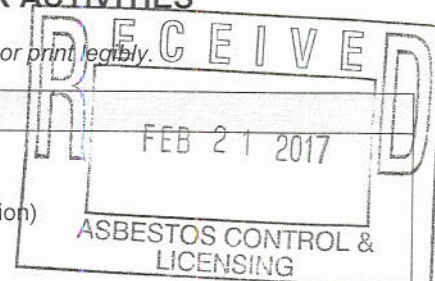
Date of Notification (1) 02/13/2017		Name of Building Owner/Operator (2) FLAUM MANAGEMENT COMPANY INC.		<div style="border: 1px solid black; padding: 5px;"> <b>RECEIVED</b>          FEB 21 2017          ASBESTOS CONTROL &amp; REMEDIATION       </div>					
Agencies Notified <input type="checkbox"/> EPA <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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 ANDREWS STREET SUITE 500 City, State, Zip Code ROCHESTER NEW YORK 14620 Name of Contact ASHER FLAUM		Telephone Number ( ) - - - - -					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) GRANDVIEW APARTMENTS			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 & commercial buildings, homes, etc.)						
Street Address 450 CRAFTON AVE.			Square Feet 800 P/UNIT	# of Floors 2	Bldg. Age 50+				
City (5) PITMAN			Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS						
County (6) GLOUCESTER			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 656-609-1202		Telephone No. 610-304-4876	License No. 01145				
Start Date (10) 02/13/2017		Scheduled Completion Date (11) 02/14/2017		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 RT. 150 NORTH City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥24 lf <input type="checkbox"/> ≥180 sf or ≥280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	15 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034896		Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ		Disposal Date 02/14/2017		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 02/13/2017			



NO CK

# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.



## I. NOTIFICATION INFORMATION

Date of Notification: 2 / 15 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

## II. BUILDING INFORMATION

Name of Building Owner/Operator: Elizabeth Ripple

Street Address: [REDACTED] City: Haddonfield State: NJ Zip: 08033

Name of Contact: Renee Garrison - Adams Technical Maint.

Telephone No.: \_\_\_\_\_

## III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Ripple Residence

Describe Facility Use: Residence

Street Address: [REDACTED] City: Haddonfield State: NJ Zip: 08033

County Name: Camden

County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 2 / 24 / 2017

Scheduled Completion Date: 2 / 28 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

☒ Floor Tile

Square Footage: 794 SF

Percentage Asbestos: \_\_\_\_\_ %

☐ Mastic

Square Footage: \_\_\_\_\_

Percentage Asbestos: \_\_\_\_\_ %

## IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC

Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade

State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services

Telephone No.: 609-298-4070

## V. SIGNATURE

Completed By  
(type or print legibly): Christina Lynch

Title: Vice President of Operations

Signature: [Signature]

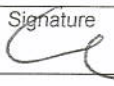
Date: February 15, 2017



CK 5973

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

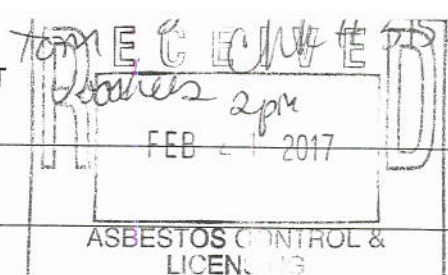
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Date of Notification (1) 2/15/17		Name of Building Owner/Operator (2) Mike Bucchino Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Mike	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Bucchino Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/24/17	Scheduled Completion Date (11) 3/1/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/1/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/15/17		



CK 3155

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



Date of Notification (1) 2 / 14 / 17		Name of Building Owner/Operator (2) Trenton Public Schools							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 N. Clinton Ave.							
		City, State, Zip Code Trenton, NJ 08609							
		Name of Contact Dwayne Mosely	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn Middle 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 and commercial buildings, homes, etc.)							
Street Address 401 Dayton Street									
City (5) Trenton		Square Feet	# of Floors						
		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) 02 / 14 / 17	Scheduled Completion Date (11) 02 / 16 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-3:30PM/ _____ PM-12:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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 B-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	100 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room B-12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	150 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room B-33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	75 SF	<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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State BRISTOL, PA		Disposal Date 2/16/2017		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 2/14/17			

ASB-41

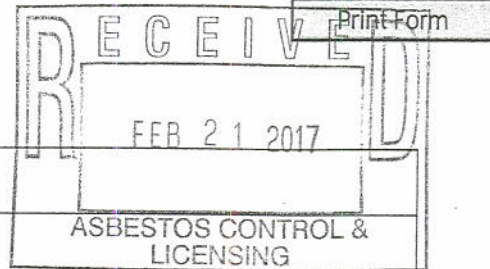
MAY 11 GI17033

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



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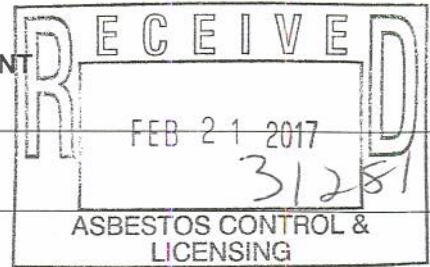
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 02/15/2017		Name of Building Owner/Operator (2) Saratoga Parners LLC							
Agencies Notified	Type Notification	Street Address 5 Parclake CT							
<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	City, State, Zip Code Wayne NJ 07470							
		Name of Contact Joe Simone	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Haledon		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Private House							
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
City, State, Zip Code		Street Address 89 Franklin Street							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ, 07524							
Telephone No.		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 02/24/2017	Scheduled Completion Date (11) 02/25/2017	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 Franklin Street							
<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 Paterson, NJ, 07524							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	80 LF	X			
BASEMENT		X		BOILER INSULATION	30SF	X			
Name of Registered Waste Hauler TRY STATE TRANSFER / YIMY BROTHERS		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX NY		Disposal Date TBD		City, State 900 MINERVA RD WAYNESBURG OH					
Completed by VICTOR ESRITU		Title PROJECT MANAGER	Signature <i>Victor Espiritu</i>			Date 02/15/2017			



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



Date of Notification (1) <b>02 / 15 / 17</b>		Name of Building Owner/Operator (2) <b>Zarrilli Homes</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>186 Mantoloking Road</b>	
		City, State, Zip Code <b>Brick, NJ 08723</b>	
		Name of Contact <b>Patrick Bottazzi</b>	
Telephone Number _____			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1500 sf</b>	
City (5) <b>Brick</b>		# of Floors <b>1</b>	Bldg. Age <b>65</b>
County (6) <b>Ocean</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) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>02 / 27 / 17</b>	Scheduled Completion Date (11) <b>02 / 28 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. 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>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

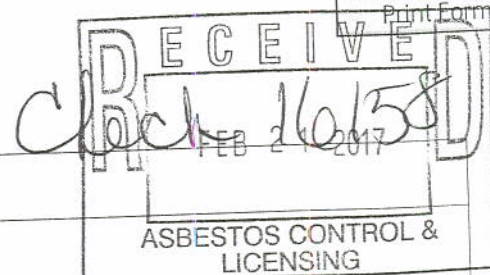
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>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>02/29/17</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>2/15/17</b>	



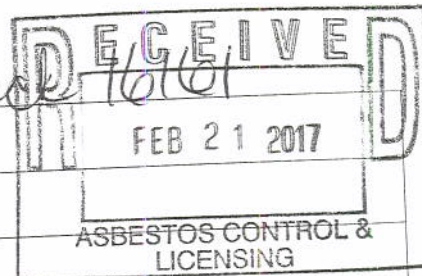
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2/13/17		Name of Building Owner/Operator (2) Debra Lodato		<b>ASBESTOS CONTROL &amp; LICENSING</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Roselle Park NJ 07204		Telephone Number					
Name of Contact Debra Lodato									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 2200	# of Floors 2				
City (5) Roselle Park				Bldg. Age 75					
County (6) Union		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.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 2/22/17		Scheduled Completion Date (11) 3/20/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>basement</u>				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 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) 70 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement & garage area			x	pipe insulation		x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 2/13/17		



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



Date of Notification (1) 2/14/17		Name of Building Owner/Operator (2) Christina Mruskovic	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Elizabeth NJ 07208	
Name of Contact Christina Mruskovic		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1900	# of Floors 2
City (5) Elizabeth		Bldg. Age 70	
County (6) Union		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive	
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418	
Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 2/23/17		Scheduled Completion Date (11) 3/30/17	
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: <u>basement</u>		Name of OSHA Monitor	
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 type="checkbox"/> Demolition		Street Address	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) basement & garage area		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation	Amount (Specify SF or LF) 65 LF
Abatement Type Removal Repair Encapsulate Enclosure		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD
City, State Freehold, NJ		Name of Registered Landfill Western Berks Landfill	
Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 
		Date 2/14/17	

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



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FEB 21 2017

Form

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

ASBESTOS CONTAINING  
MATERIAL  
DOL-10741

Date of Notification (1) 2/15/17		Name of Building Owner/Operator (2) Kathy Ferrante						
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"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairlawn, NJ 07410						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Kathy Ferrante						
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Fairlawn		Square Feet 1800	# of Floors 2					
County (6) Bergen		Bldg. Age 69						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		ABS Environmental Services, LLC						
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive						
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07416						
Telephone No.		Telephone No. 973-764-2276	License No. 703					
Start Date (10) 2/17/17	Scheduled Completion Date (11) 2/21/17	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code						
<input checked="" type="checkbox"/> Other - Describe: <u>basement</u>								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 sf or 23 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fragile 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
basement			x	pipe insulation	80 LF	x		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA				
Completed by A. Scott Higgins		Title President	Signature			Date 2/16/17		

ASB-41 (R-08-08)

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

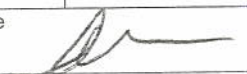
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ABAS ENVIRONMENTAL

9737648675 FAX 2017 4148PM 02/16/2017



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

Date of Notification (1) 2/15/17		Name of Building Owner/Operator (2) Kathy Ferrante		<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg); display: inline-block;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg); display: inline-block;">FEB 21 2017</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-15deg); display: inline-block;">ASBESTOS CONTROL &amp; REMEDIATION</div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairlawn, NJ 07410							
		Name of Contact Kathy Ferrante							
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 [REDACTED]									
City (5) Fairlawn				Square Feet 1800	# of Floors 2				
				Bldg. Age 69					
County (6) Bergen		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.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 2/17/17		Scheduled Completion Date (11) 2/21/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 2/15/17			