


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

| Date of Notification (1) 02/19/2015 | | Name of Building Owner/Operator (2) Madison Elks Lodge # 1465 | | | | | | | |
|--|--|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 192 Main Street | | | | | | | |
| | | City, State, Zip Code Madison, NJ 07940 | | | | | | | |
| | | Name of Contact Mr. Joseph Nalley | Telephone Number --- | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Madison Elks Lodge # 1465 | | Type of Facility (4) | | | | | | | |
| Street Address 192 Main Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Madison | | Square Feet 5,000 | # of Floors 2.5 | | | | | | |
| | | Bldg. Age 90 yrs. | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Offices/Lodge | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services, Inc. | | ASCN No. N/A | Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc. | | | | | | |
| Street Address 140 Boulevard | | Street Address 494 E. 41st Street | | | | | | | |
| City, State, Zip Code Mountain Lakes, NJ 07046 | | City, State, Zip Code Paterson, NJ 07504 | | | | | | | |
| Project Manager for Monitoring Firm Leonid Shereshevsky | | Telephone No. 973-588-4821 | License No. 00507 | | | | | | |
| Start Date (10) February 23, 2015 | Scheduled Completion Date (11) February 28, 2015 | Name of OSHA Monitor Same as above | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement Area</u> | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 - Liquor Storage Rm. | | X | | Pipe Insulation | 20 LF | X | | | |
| Basement - Hallway to boiler rm. | | X | | Pipe Insulation | 90 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc. | | NJDEP Waste Hauler ID No. NJ 419 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. North Inc. | | | | | |
| City, State Paterson, NJ 07504 | | Disposal Date 2/28/2015 | | City, State Morrisville, PA | | | | | |
| Completed by James E. Unger | | Title Project Manager | | Signature  | | Date 02/19/2015 | | | |

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

| | | | | | |
|---|--|---|--|---|--------------------------------|
| Date of Notification (1) 2/23/15 Type Notification | | Name of Building Owner / Operator (2) Cheryl Jones | | FEB 27 2015 | |
| 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 | Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation | | Street Address 107 Elm Street | | |
| | | | City, State & Zip Code Orange, NJ 07050 | | |
| | | | Name of Contact Cheryl Jones | | Telephone Number |
| | | | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 107 Elm Street | | | Square Feet 3000 | | |
| City (5) Orange | | | County (6) Essex | County Code (7) | # of Floors 2 |
| | | | Bldg. Age 60 | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc | | | ASCM No. | Name of Abatement Contractor (9) Global Abatement Services, LLC | |
| Street Address 64 Broad Street | | | Street Address 443 Schoolhouse Road | | |
| City, State & Zip Code Matawan, NJ 07747 | | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Project Manager for Monitoring Firm Tom Geiger | | Telephone Number 732-290-2217 | | Telephone Number 732-605-9062 | License Number 00714 |
| Scheduled Start Date (10) 3/5/15 | Scheduled Completion Date (11) 3/6/15 | | Name of OSHA Monitor Global Abatement Services, LLC | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe: | | | Street Address 443 Schoolhouse Road | | |
| | | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Scope of Work (Check all that apply) | | | | | |
| Demolition <input checked="" type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM | | | <input checked="" type="checkbox"/> Renovation Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable | | |
| 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 Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | |
| Basement | N/A | TSI Pipe | 30LF | Removal | |
| Name of Registered Waste Hauler Freehold Carting | | | | | |
| NJDEP Waste Hauler ID # 18693 | | Cu. Yds. of Waste 5 | Name of Registered Landfill TRRF | | |
| City, State Trenton, NJ | | Disposal Date 3/6/15 | City, State Tullytown, Pa | | |
| Completed By (Print or Type) Dominick Tringali | Title Pres. | Signature <i>Dominick Tringali</i> | | Date 2/23/15 | |

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

CK 5515

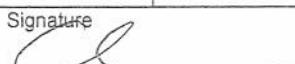
| | | | | | | |
|---|---|--|--|--|--------|-------------|
| Date of Notification (1) 2/24/15 | | Name of Building Owner/Operator (2) KANISHA GULICK | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 130 LITTLETON RD | | | | |
| | | City, State, Zip Code MORRIS PLAINS, NJ. 07950 | | | | |
| | | Name of Contact MS. FEVERS | | | | |
| Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mrs. GULICK | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | |
| Street Address 130 LITTLETON RD | | | | | | |
| City (5) MORRIS PLAINS | Square Feet 2000 | # of Floors 2 | Bldg. Age 65 YEARS | | | |
| County (6) MORRIS | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Best Removal Inc | | | | |
| Street Address | | Street Address 450 South River St | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | License No. 00388 | | | |
| Start Date (10) 3/5/15 | Scheduled Completion Date (11) 3/6/15 | Name of OSHA Monitor Omega Environmental Inc | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 280 Huyler St | | | | |
| | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Scope of Work (Check all that apply) | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 50 LF | Abatement Type | | |
| | | | | Removal | Repair | Encapsulate |
| BASEMENT | Y | THERMAL SYSTEM INSULATION | | X | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 207 | Name of Registered Landfill Minerva Enterprises, LLC | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 3/6/15 | City, State Waynesburg, Oh 44688 | | | |
| Completed by J. Maiorano | Title Estimator | Signature <i>[Signature]</i> | | Date 2/24/15 | | |

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

CHECK # 8682


| | | | | | | | | | |
|--|---|---|---|--|---------------------------|-----------------|--------|---------------|-----------|
| Date of Notification (1) 2/23/15 | | Name of Building Owner/Operator (2) MR. JOHN KING | | NJ Dept. of Health & Senior Services Signature: [Signature] Date: 2/23/15 Time: 3:50 PM | | | | | |
| Agencies Notified | Type Notification | Street Address 336 MURRAY AVE | | City, State, Zip Code ENGLEWOOD, NJ 07606 | | | | | |
| <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 | Name of Contact JOHN | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) KING | | | Type of Facility (4) | | | | | | |
| Street Address 336 MURRAY AVE | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) ENGLEWOOD | | | Square Feet 2000 | # of Floors 2 | Bldg. Age 62 | | | | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RES | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A. MAC Contracting Inc | | | | | | |
| Street Address | | Street Address 185 Vreeland Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-262-5841 | License No. 00155 | | | | | |
| Start Date (10) 2/23/15 | | Scheduled Completion Date (11) 2/24/15 | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | 280 Huyer Street | | | | | | |
| | | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input 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 | Encapsulation | Enclosure |
| BOLAN ROOM | | | X | BOLAN | 420 SF | X | | | |
| LC | | | X | PINK | 18 LF | X | | | |
| Name of Registered Waste Hauler | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | | | | | |
| Newark Carting, Inc | | 04509 | 1 | IESI PA Bethlehem Landfill Corp. | | | | | |
| City, State, Zip Code Newark, NJ 07105 | | Disposal Date 2/23/15 ON | | City, State, Zip Code Bethlehem, PA 18015 | | | | | |
| Completed by R. McDonald | | Title President | | Signature [Signature] | | Date 2/23/15 | | | |

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

| | | | | | | | | | |
|--|---|--|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 2/24/15 | | Name of Building Owner/Operator (2) Shraga Tessler Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 26 2nd Ave | | | | | | | |
| <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 Toms River NJ 08757 | | | | | | | |
| | | Name of Contact Shraga | Telephone Number 856-272-2272 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Shraga Tessler 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 26 2nd Ave | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Toms River NJ 08757 | | Bldg. Age 35 | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 3/5/15 | Scheduled Completion Date (11) 3/9/15 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 | 200 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 3/9/15 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 2/24/15 | | |

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

CK 4672

| Date of Notification (1) 2/24/15 | | Name of Building Owner/Operator (2) William & Linda Bartzark <i>Private Home</i> | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 206 East 18th Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code North Beach Haven NJ 08008 | | | | | | | |
| | | Name of Contact Bill | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) William & Linda Bartzark <i>Private Home</i> | | 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 206 East 18th Street | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) North Beach Haven NJ 08008 | | Bldg. Age 35 + | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 2/25/15 | Scheduled Completion Date (11) 2/26/15 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 on bottom of house | | | x | Transite Board | 400 sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 2/27/15 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 2/24/15 | | |


CK 1113

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

FEB 27 2015

| Date of Notification (1) 2/24/15 | | Name of Building Owner/Operator (2) Mr. Javier Loango | | | | | | |
|--|---|---|--|--|---------------------------|----------------|------------------------|-------------|
| Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 2070 Jersey Avenue | | | | | | |
| | | City, State, Zip Code Scotch Plains NJ 07076 | | | | | | |
| | | Name of Contact Jorge Fraa | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 2070 JERSEY AVE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 2070 JERSEY AVE | | Square Feet 1,800 | # of Floors 1 | | | | | |
| City (5) Scotch Plains N.J. | | Bldg. Age 75 | | | | | | |
| County (6) UNION | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENT | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) NOVATECH INC | | | | | |
| Street Address | | Street Address P.O. Box 814 | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Old Bridge N.J. 08857 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732 238-7500 | License No. 00806 | | | | | |
| Start Date (10) 02/25/15 | Scheduled Completion Date (11) 03/25/15 | | Name of OSHA Monitor NOVATECH INC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 814 | | | | | | |
| | | City, State, Zip Code Old Bridge N.J. 08857 | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure. | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| BASEMENT | | | X | FLOOR 11E 4x4 | 2150 SF | X | | |
| Name of Registered Waste Hauler NOVATECH INC | | | | | | | | |
| NJDEP Waste Hauler ID No. 18501 | | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Old Bridge N.J. 08857 | | Disposal Date 03/26/15 | City, State Phonsonville PA. | | | | | |
| Completed by CARLOS ALMEIDA | | Title PRESIDENT | Signature <i>[Signature]</i> | | | | Date 2/24/15 | |

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

| | | | | | |
|--|--|---|---|---|--|
| Date of Notification (1) February 24, 2015 | | Name of Building Owner/Operator (2) Tracey Wheeler | | Check # 1884 | |
| 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 1101 Baring Street | |
| | | City, State, Zip Code Camden, NJ 08103 | | | |
| | | Name of Contact Tracey Wheeler | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Wheeler Residence | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 1101 Baring Street | | | | Square Feet 1,400 | |
| City (5) Camden | | | | # of Floors 2 | |
| County (6) Camden | | | | Bldg. Age 100 | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. | | | ASCM No. | | Name of Abatement Contractor (9) Shade Environmental, LLC |
| Street Address 411 Southgate Court, Suite E | | | Street Address 623 Cutler Avenue | | |
| City, State, Zip Code Mickleton, NJ 08056 | | | City, State, Zip Code Maple Shade, NJ 08052 | | |
| Project Manager for Monitoring Firm Jack Carney | | | Telephone No. 856-224-0080 | | Telephone No. 856-755-0099 |
| Start Date (10) March 5, 2015 | | | Scheduled Completion Date (11) March 6, 2015 | | License No. 00842 |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Name of OSHA Monitor EMSL Analytical, Inc. | |
| | | | | Street Address 200 Route 130 North | |
| | | | | City, State, Zip Code Cinnaminson, NJ 08077 | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input 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) | |
| | | Yes No N/A | | | |
| Basement | | XXX | | Duct Insulation | |
| | | | | 10 SF | |
| | | | | x | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 02265 | | Cubic Yards of Waste 1 | |
| City, State Freehold, NJ | | Disposal Date 3/6/2015 | | Name of Registered Landfill Cumberland County Landfill | |
| | | | | City, State Newburg, PA | |
| Completed by Christina Lynch | | Title Operations Manager | | Signature  | |
| | | | | Date 2/24/2015 | |

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

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

183-07

| | | | | | | | | | |
|---|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 17 / 14 | | Name of Building Owner/Operator (2) <i>The Middlesex County Improvement Authority</i> | | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address <i>101 Interchange Plaza</i> | | 2015 FEE CONTROL <i>ASBESTOS</i> | | | | |
| | | | City, State, Zip Code <i>Cranbury, NJ 08512</i> | | | | | | |
| | | | Name of Contact _____ Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ROOSEVELT HOSPITAL | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1 ROOSEVELT DRIVE | | | Square Feet >500,000 | | | | | | |
| City (5) EDISON | | | # of Floors | | Bldg. Age 75+ | | | | |
| County (6) MIDDLE SEX | | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) HOSPITAL | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS | | ASCM No. 266 | Name of Abatement Contractor (9) DELTA/BJDS, INC | | | | | | |
| Street Address 411 SOUTHGATE COURT SUITE E | | Street Address 1345 INDUSTRIAL BLVD | | | | | | | |
| City, State, Zip Code MICKLETON, NJ 08056 | | City, State, Zip Code SOUTHAMPTON, PA 18966 | | | | | | | |
| Project Manager for Monitoring Firm JACK CARNEY | | Telephone No. 856 224-0080 | Telephone No. 215 322-2900 | License No. 00783 | | | | | |
| Start Date (10) 10 / 30 / 14 | | Scheduled Completion Date (11) 06 / 30 / 15 | | Name of OSHA Monitor CRITERION LABS | | | | | |
| 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: 7AM-11PM | | | Street Address 3370 PROGRESS DRIVE | | | | | | |
| | | | City, State, Zip Code BENSALEM, PA 19020 | | | | | | |
| 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 checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE SEE ATTACHED | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State 58 PYLES LANE, NEW CASTLE DE. 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Damian Lavelle | | Title PROJECT MGR. | Signature <i>Damian Lavelle</i> | | Date 2-26-15 | | | | |

[illegible]

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

Check # 2359

| | | | |
|---|--|---|--|
| Date of Notification (1) 02 / 26 / 15 | | Name of Building Owner / Operator (2) First Energy | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | |
| Street Address 76 South Street | | City, State, Zip Code Akron, Ohio 44308 | |
| Name of Contact Jim Halsey | | Telephone Number | |

| FACILITY INFORMATION | | | |
|---|------------------------|---|--------------|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Street Address 4 WOOD LANE | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | |
| City (5) RUMSON | County (6) MONMOUTH | County Code (7) | Square Feet |
| | | | # Of Floors |
| | | | Building Age |
| | | Current Use (Prior if being demolished) Telephone Pole | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations | | ASCM NO | |
| Street Address 655 West Shore Trail | | NORTHSTAR CONTRACTING GROUP, INC. | |
| City, State, Zip Code Sparta, NJ 07871 | | Street Address 32 Williams Parkway | |
| Project Mngr. For Monitoring Firm Dino Nappi | | City, State, Zip Code East Hanover, NJ 07036 | |
| Telephone Number 212-682-9271 | | Telephone Number 973-884-8682 | |
| Sched. Start Date (10) 03 / 10 / 15 | | Sched. Completion Date (11) 03 / 12 / 15 | |
| License Number 00860 | | | |

| | | | |
|--|--|---|--|
| Occupancy Status During Abatement (Check Only 1) | | Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: | | Street Address 32 Williams Parkway | |
| | | City, State, Zip Code East Hanover, NJ 07036 | |

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

| Location of Asbestos Containing 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 | | | |
|--|--|---|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| Exterior Telephone Pole | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Transite Conduit | 20 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|-----------------------------------|------------------------------------|---|
| Name of Registered Waste Hauler NEWARK CARTING | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste | Name of Registered Landfill I.E.S.I. |
| City, State NEWARK, NJ | Disposal Date | City, State BETHLEHEM, PA 18105 | |

| | | | |
|---|--------------------------|---------------|------------------|
| Completed by (Print or Type) Steven Stiles | Title Project Manager | Signature | Date 02/26/15 |
|---|--------------------------|---------------|------------------|