

CK 1084

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

RECEIVED
 2016 JAN -5 AM 9:56
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/03/2015		Name of Building Owner/Operator (2) INVESTORS BANK	
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 101. JFK. PKWY.	
		City, State, Zip Code SHORT HILLS. NJ. 07078	
		Name of Contact JENIFER WHITE.	Telephone Number 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE. INVESTORS BANK.		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 3 E. MAIN. STREET		Square Feet 1.704	# of Floors 2
City (5) SUSSEX. NJ.		Bldg. Age 115	
County (6) SUSSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES	

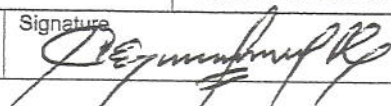
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE. ENVIRONMENTAL.		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY. CO. LLC.	
Street Address 435. MAIN. RD. SUIT. 200		Street Address 22 VAN ORDEN PL.		
City, State, Zip Code TOWACO, NJ. 07082		City, State, Zip Code HACKENSACK. NJ. 07601		
Project Manager for Monitoring Firm MIKE. BOGGI		Telephone No. 973-334-5641	Telephone No. 201.708-4270	License No. 01135

Start Date (10) 12/12/2015	Scheduled Completion Date (11) 12/16/2015	Name of OSHA Monitor CARDNO. ATC.	
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 104. 24.THST 10.TH FLOOR	
		City, State, Zip Code NY.NY. 10010.	

Scope of Work (Check All That Apply)

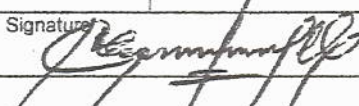
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR PLASTER		X		EXTERIOR WALL PLASTER	1.200 SF	X			
BASEMENT		X		Pipe Insulation. Residual debris	25. LF	X			
Front Closet & Kitchen Storage		X		VAT. FLLOR TILE & MASTIC	25. LF	X			

Name of Registered Waste Hauler TRI. STATE. ASSOC. INC.		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE. INC.	
City, State BRONX. NYS		Disposal Date TBD	City, State WAYNESBURG. OHIO.		
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER.	Signature 		Date 12/03/2015	

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

RECEIVED
2016 JAN -5 AM 9:55
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/11/2015		Name of Building Owner/Operator (2) APONTE CONSULTING ENGINEERS								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 625. FROM RD. City, State, Zip Code PARAMUS NJ. 07652 Name of Contact REZA M. HASHEMI, P.E.							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) PRIVATE Street Address 625. FROM RD City (5) PARAMUS NJ. 07652 County (6) BERGEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 26,000 # of Floors 2 Bldg. Age 42 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm N/A Telephone No. Start Date (10) 12/17/2015 Scheduled Completion Date (11) 12/18/2015		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC. Street Address 22 VAN ORDEN PL. City, State, Zip Code HACKENSACK NJ. 07601 Telephone No. 201.708.4270 License No. 01135 Name of OSHA Monitor ENVIRO - PROBE LAB.								
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 108 LIBERTY ST. City, State, Zip Code METUCHEN NJ.								
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
First Floor & 2nd Floor										
Electrical Room		X		Floor Tile 9X9	48 SF.	X				
Storage Room		X		Floor Tile 9X9	112 SF.	X				
Stairs		X		Floor Tile 9X9 and 12x12	80 SF.	X				
Name of Registered Waste Hauler TRI-STATE- ASOCC INC.		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD		Name of Registered Landfill MINERVA ENTERPRISE, INC.				
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OH						
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 2/10/15				

* Do not use this form for asbestos licens re exempted activities.

Emergency

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

CK 5270

Date of Notification (1) 12/29/15		Name of Building Owner/Operator (2) Martha Branson Private Home		RECEIVED 2015 JAN -5 PM 9:55 ASBESTOS & TRICE CONTROL						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]				
		City, State, Zip Code Port Monmouth NJ 07758				Name of Contact Chad				
						Telephone Number				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Martha Branson 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]		City (5) Port Monmouth NJ 07758		Square Feet 1000 +	# of Floors 1					
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		City, State, Zip Code		Street Address PO Box 329						
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800						
Project Manager for Monitoring Firm		Telephone No.		License No. 00727						
Start Date (10) 12/30/15		Scheduled Completion Date (11) 1/4/16		Name of OSHA Monitor same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address						
				City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
dining room				X	floor tile	90 sf	X			
Kitchen				X	floor tile	85 sf	X			
Living Room				X	floor tile	100 sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 1/4/15		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 			Date 12/29/15			

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

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ch#3941

2016 JAN -5 AM 9:51
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/28/2015		Name of Building Owner/Operator Mary Critchlow								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
			City, State, Zip Code Millburn, NJ 07041							
			Name of Contact Mary Critchlow							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet	# of Floors							
City (5) Millburn		Bldg. Age								
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation							
Street Address		Street Address 606 McBride Ave								
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424								
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104							
Start Date (10) 01/06/2016	Scheduled Completion Date (11) 01/07/2016	Name of OSHA Monitor J&S Environmental Laboratories								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 area			XX	pipe insulation	70 LF	X				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill						
City, State Woodland Park, NJ			Disposal Date	City, State Morrisville, PA						
Completed by Momo Glavatovic		Title vice president	Signature 	Date 12/28/2015						

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


Check 14649

Date of Notification (1) 12/29/15		Name of Building Owner/Operator (2) Canoe Brook Country Club		RECEIVED 2016 JAN -5 AM 10:00 ASBESTOS CONTROL & LICENSE NG					
Agencies Notified	Type Notification	Street Address							
<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 Summit NJ 07901 Name of Contact Albert Costantini Telephone Number 908-211-...							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Employee House			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) Summit			Square Feet 1500	# of Floors 2	Bldg. Age 62				
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, LC						
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) 1/11/15		Scheduled Completion Date (11) 2/20/15		Name of OSHA Monitor					
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: _____			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 type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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	30 LF	x			
exterior			x	roofing	300 SF	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 12/29/15			

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

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

Check 14640

Date of Notification (1) 12/28/15		Name of Building Owner/Operator (2) Professional Development Corp.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 515 City, State, Zip Code Kearny NJ 07032 Name of Contact John Kwap							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) Street Address 48 Boiling Springs Avenue City (5) East Rutherford County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2200 # of Floors 2 Bldg. Age 58 Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____ Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418	Telephone No. 973-764-2276 License No. 703							
Start Date (10) 1/6/15	Scheduled Completion Date (11) 2/6/15	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: _____		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 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-Variable 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 exterior	No exterior siding	N/A x			900 SF	Removal x	Repair	Encapsulate	Enclosure
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 12/28/15			

RECEIVED
 2016 JAN -5 AM 9:59
 ASBESTOS CONTROL
 LICENSING

CK 358

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

RECEIVED
2016 JUN -5 AM 9:59

Date of Notification (1) 10/20/2015		Name of Building Owner/Operator (2) ERA Queen City Realty								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 310 Park Ave City, State, Zip Code Scotch Plains NJ 07076 Name of Contact Bill Flag							
			Telephone Number 							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 1650	# of Floors 2							
City (5) Elizabeth NJ		Bldg. Age +50								
County (6) Clerk County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC							
Street Address N/A		Street Address 339 Lafayette St								
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015								
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877							
Start Date (10) 11/30/2015		Scheduled Completion Date (11) 11/16/2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West								
		City, State, Zip Code Union NJ 07083								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	
4th FLOOR LIVING & DINING ROOM			X	PLASTER WALLS	2500 SF	X				
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill						
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA						
Completed by Carlos Gomes		Title President	Signature 	Date 12/14/2015						

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

Date of Notification (1) December 31, 2015		Name of Building Owner/Operator (2) Kalian Corporation		28599
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 788 Shrewsbury Avenue	
			City, State, Zip Code Tinton Falls, NJ 07724	
			Name of Contact Lou Bianchini	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 1000 sf		
City Surf City		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 732-349-9932	License Number 0624
Scheduled Start Date (10) 12/31/15		Scheduled Completion Date (11) 1/8/16		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Concrete walls	1600 sf	X			

Name of Registered Waste Hauler Sakoutis Brothers Disposal	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1/11/16	Name of Registered Landfill T.R.R.F.
City, State Colts Neck, New Jersey	Disposal Date 120	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/31/2015

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

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ASBESTOS LICENSURE

PK# 2830

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

FORM 1000

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2016 JAN -5 AM 10: 02

ASBESTOS CONTROL
 JCE/RS/NG
 11104

Date of Notification (1) 12/31/15		Name of Building Owner/Operator (2) Avery Weiner	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Clifton, New Jersey	
		Name of Contact Avery	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Weiner Residence		Types 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 1800	# of Floors 1	Site Area 55+
City (5) Clifton	County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road		
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757	License No. 01029
Start Date (10) 1/1/16	Scheduled Completion Date (11) 1/15/16	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am-7pm		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf ≥ 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/or Air-Filtrable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
indoors			X	pipe insulation	80 LF	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.
City, State Colts Neck, New Jersey		Disposal Date 1/18/16	City, State Tullytown, PA
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree McGuire	Date 12/31/15

OK 1508

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

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 2015 JAN -5 AM 10:01
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 12-17-2015		Name of Building Owner/Operator (2) Middlesex County College								
Agencies Notified	Type Notification	Street Address 2600 Woodbrige ave								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Edison NJ 08818								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Fuchs Dan	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Middlesex County College Central Receiving Bldg#229		Type of Facility (4)								
Street Address 2600 Woodbrige 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) Edison NJ	Square Feet	# of Floor	Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) College								
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC							
Street Address 1253 Church st		Street Address 254 Cumberland ave								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Paterson NJ 07502								
Project Manager for Monitoring Firm Jim Calari		Telephone No. 856-8408815	Telephone No. 973-9426924							
Start Date (10) 1-08-2016		Scheduled Completion Date (11) 1-11-2016	Licence No. 00129							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-liable 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	
Electrical room Bldg#229			x	Floor tile/mastic removal	45SF	x				
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 5y	Name of Registered Landfill Waist Managment						
City, State Paterson NJ		Disposal Date 1-15-2016		City, State Tullitown NJ						
Completed by Dorian Carpio		Title Manager	Signature 				Date 12-17-2015			

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

CHECK # 281

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2016 JAN - 5 AM 10: 63

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/31/2105		Name of Building Owner / Operator (2) Westmont Urban Renewal, 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"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1925 Greentree Road, Suite 200	
		City, State & Zip Code Cherry Hill, NJ 08003	
		Name of Contact William Finkle	
Telephone Number J			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Westmont Theater			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 49 Haddon Ave Haddon township, NJ			Square Feet 16000	# of Floors 2	Bldg. Age 50 years
City (5) Haddon Township	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Unoccupied		


Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC		
Street Address		Street Address PO Box 70, 874 Piney Hollow Road			
City, State & Zip Code		City, State & Zip Code Winslow, NJ 08095			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-567-06700	License Number 01263	

Scheduled Start Date (10) 1/11/2016	Scheduled Completion Date (11) 3/11/2016	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 Route 130 North			
		City, State & Zip Code Cinnaminson NJ 08077			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entrance Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12" sq floor tile and mastic	425 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upstairs area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured ceiling/wall mat.	722 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room and Rear of Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	754 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Area – 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12" sq floor tile	154 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout ceiling of building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct insulation	400 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bull Waste & Recycling, LLC		NJDEP Waste Hauler ID No. 781586	Cubic Yards of Waste 40 – 60 cy	Name of Registered Landfill Salem County Landfill	
City, State Berlin, NJ		Disposal Date 3/11/15	City, State Alloway Township, NJ		
Completed By (Print or Type) Theodore S. Budzynski		Title Pres/CEO	Signature 		Date 12-31-15

PK 2386

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

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2016 JAN -5 AM 10:05

ASBESTOS CONTROL & LEAD TESTING Telephone Number

Date of Notification (1) 12-31-2015		Name of Building Owner / Operator (2) Mr. Luis Bolanos	
Agencies Notified	Type Notification	Street Address	
<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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	[REDACTED]	
		City, State & Zip Code Mt. Laurel, NJ 08054	
		Name of Contact Mr. Luis Bolanos	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
[REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) Ocean City, NJ 08740			2,500	2	55
County (6) Cape May	County Code (7)		Current Use (Prior if being demolished) Single Family Dwelling		

Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185	

Scheduled Start Date (10) 1-11-2016	Scheduled Completion Date (11) 1-15-2016	Name of OSHA Monitor J&S Environmental Laboratories Inc			
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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 during Normal Hours: Describe: 8:30pm-5:30pm <input type="checkbox"/> Facility Occupied During Abatement		2333 Route 22 West			
		City, State & Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Exterior of Dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,00 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA

Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 12/31/2015
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CK 1658

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

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 2016 JAN -5 AM 10:05
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/28/2015		Name of Building Owner/Operator (2) Anthony DiCaro								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code New Brunswick NJ								
		Name of Contact Anthony DiCaro	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than I-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet	# of Floors							
City (5) New Brunswick NJ		Bldg. Age								
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc							
Street Address		Street Address 205 Route 46 West								
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 832 4244	Licens. No. 01155							
Start Date (10) 01/08/2016	Scheduled Completion Date (11) 01/11/2016	Name of OSHA Monitor Same as above								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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	180 LF	X		X		
Name of Registered Waste Hauler Academy Construction		NJDEP Waste Hauler ID No. 00334422	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill						
City, State Totowa		Disposal Date TBD	City, State Morrisville PA							
Completed by Zlate Geleski		Title VP	Signature 				Date 2/28/2015			