

PK 6914

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

RECEIVED  
 2015 JAN 10 11:11 AM  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1 / 6 / 15		Name of Building Owner/Operator (2) Goya Foods, Inc. / Job #1412-4857 Check #6814		1 of 2					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 350 County Road		Telephone Number				
			City, State, Zip Code Jersey City, NJ 07307						
		Name of Contact Matthew Montour							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Goya Maintenance Garage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 390 New County Road			Square Feet		Bldg. Age				
City (5) Jersey City			# of Floors						
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EA Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 426 69 <sup>th</sup> Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Guttenberg, NJ 07093		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-724-8135		License No. 00529					
Start Date (10) 1 / 19 / 15		Scheduled Completion Date (11) 1 / 30 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Entrance to Restroom, Lunch Room #4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock joint compound	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof flashing/mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. Northern Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 1/30/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gmt</i>		Date 1/6/15			

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

NK 6914

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

2015 JAN 6 11:11 AM RECEIVED

ASBESTOS CONTROL & LICENSING  
 DIVISION  
 100 N. 2ND ST. 11TH FL.  
 JERSEY CITY, NJ 07310  
 TEL: 201-261-6000  
 FAX: 201-261-6001  
 WWW.NJDEP.GOV

Date of Notification (1) 1 / 6 / 15		Name of Building Owner/Operator (2) Goya Foods, Inc. / Job #1412-4857 Check #6914		1 of 2	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 County Road		City, State, Zip Code Jersey City, NJ 07307	
		Name of Contact Matthew Montour		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Goya Maintenance Garage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 390 New County Road		City (5) Jersey City		Square Feet	# of Floors
City (5) Jersey City		County (6) Hudson		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) EA Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 426 69 <sup>th</sup> Street		City, State, Zip Code Guttenberg, NJ 07093		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-724-8135		Telephone No. 609-265-2107	
Start Date (10) 1 / 19 / 15		Scheduled Completion Date (11) 1 / 30 / 15		License No. 00529	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor EMSL Analytical			
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	
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Entrance to Restroom, Lunch Room #1		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor tile & Mastic	
Throughout		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Sheetrock joint compound	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Roof flashing/mastic	
1 <sup>st</sup> Fl. Northern Offices		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile	
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20	
City, State Lumberton, NJ		Disposal Date 1/30/15		Name of Registered Landfill G.R.O.W.S. Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gmt</i>	
				Date 1/6/15	

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

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

RECEIVED

2015 JUL 9 PM 11:15

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <u>1</u> / <u>7</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>WPG Rockaway Commons, LLC an Indiana LLC/# 1501-1947 Chk. # 3890</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 West Washington Street</b>	
		City, State, Zip Code <b>Indianaopolis, IN 46204</b>	
		Name of Contact <b>Jim Stocks, PM</b>	Telephone Number

**FACILITY INFORMATION**

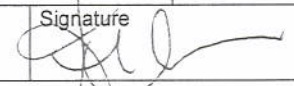
Name of Facility Where Abatement is Taking Place (3) <b>Proposed DSW</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>343 Mt. Hope Avenue</b>		Square Feet <b>17,383</b>	# of Floors <b>1</b>
City (5) <b>Rockaway</b>		Bldg. Age <b>1979</b>	
County (6) <b>Morris</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TRC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
Street Address <b>1430 Broadway 10<sup>th</sup> Floor</b>		Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>NY, NY 10018</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Dmitry Khimich</b>	Telephone No. <b>212-221-7822</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <u>1</u> / <u>21</u> / <u>15</u>	Scheduled Completion Date (11) <u>1</u> / <u>23</u> / <u>15</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>	
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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <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
(2) Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	260 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>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>1/23/15</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>1-7-15</b>

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>7</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>WPG Rockaway Commons, LLC an Indiana LLC # 15011947 Chk. # 3891</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 West Washington Street</b>							
		City, State, Zip Code <b>Indianaopolis, IN 46204</b>							
		Name of Contact <b>Jim Stocks, PM</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Proposed Nordstrom Rack</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>343 Mt. Hope Avenue</b>		Square Feet <b>38,785</b>	# of Floors <b>2</b>						
City (5) <b>Rockaway</b>		Bldg. Age <b>1979</b>							
County (6) <b>Morris</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TRC</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>1430 Broadway 10<sup>th</sup> Floor</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>NY, NY 10018</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dmitry Khimich</b>	Telephone No. <b>212-221-7822</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>						
Start Date (10) <u>1</u> / <u>21</u> / <u>15</u>	Scheduled Completion Date (11) <u>1</u> / <u>28</u> / <u>15</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>							
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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
<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		Enclosure							
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
1 <sup>st</sup> and 2 <sup>nd</sup> floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	4,130 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>Freehold Cartage, Inc.</b>	NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>GROWS Landfill</b>						
City, State <b>Freehold, NJ</b>	Disposal Date <b>1/29/15</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>1-7-15</b>					

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

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

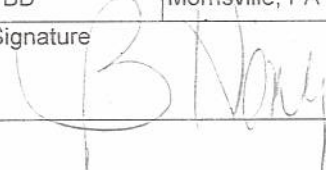
RECEIVED  
 CK# 1016

Date of Notification (1) Jan 5 2015		Name of Building Owner/Operator (2) Pop Realty Corp		APPROVED 2015 JAN -9 PM 8:54					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 275 Highway 22, #44		NJ Dept of Health & Senior Services <i>[Signature]</i> (Signature)					
		City, State, Zip Code Springfield, NJ 07081		Date: 1/5/15 Time: 11:19 AM					
		Name of Contact		Tel					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Bldg for Demo			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 26 Rt 22 East			Square Feet 36,000	# of Floors 3	Bldg. Age				
City (5) Springfield			Current Use (Prior if being demolished)						
County (6) Union		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental		ASCM No. 29952		Name of Abatement Contractor (9) Loznica Management Corp					
Street Address 2333 Rt 22 East		Street Address 22 Troy Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Badar Usmani		Telephone No. 9734448479		Telephone No. 9737097950					
				Licence No. 01193					
Start Date (10) Jan 7, 2015		Scheduled Completion Date (11) Feb 13, 2015		Name of OSHA Monitor Loznica Management 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 22 Troy Lane						
			City, State, Zip Code Lincoln Park, NJ 07035						
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 $\geq 280$ 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"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement, 1st, & 2nd Floor			x	VAT + Mastic	10,000 SF	x			
Roof			x	Roofing Material	12,000 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>[Signature]</i>		Date Jan 5, 2015			

PK 2195

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

**RECEIVED**

Date of Notification (1) 1-07-2015		Name of Building Owner / Operator (2) Township of Parsippany-Troy Hills		2015 JAN -9 PM 8:29							
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 1001 Parsippany Blvd City, State & Zip Code Parsippany, NJ 07054							
		Name of Contact Mr. Joe Jannorone		Telephone Number							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Craftsman Farms-Garage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 2352 New Jersey 10			Square Feet 6,000		# of Floors 2						
City (5) Morris Plains, NJ			County (6) Morris		County Code (7)						
			Current Use (Prior if being demolished) Garage		Bldg. Age 106 yrs						
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address			Street Address 2115 Hamilton Ave, Suite 202								
City, State & Zip Code			City, State & Zip Code Trenton, NJ 08619								
Project Manager for Monitoring Firm		Telephone Number 856-547-0505		Telephone Number 609-977-6159							
				License Number 01185							
Scheduled Start Date (10) 1/20/2015		Scheduled Completion Date (11) 2/3/2015		Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement			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 ≥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"/> 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					
						Removal	Repair	Encapsulat	Endsource		
Garage		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Pipe Insulation	100 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"/>	
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				Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 				Date 01/07/2015			

01/05/2015 14:31

PK 1787

NO. 747 4882

RECEIVED

2015 JAN -9 AM 8:27

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 2:80 and 12:120)

DOL - 10 DAY

JAN 5 2015  
Chesterfield, NJ 08515  
WAIVER APPROVED

Date of Notification (1) January 6, 2015		Name of Building Owner/Operator (2) Medford Lees Retirement Community	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Initial Antennaed Amendment # <input type="checkbox"/> Emergency (including justification) Cancellation <input type="checkbox"/>	
Street Address 1 Medford Lees Way		City, State, Zip Code Medford, NJ 08055	
Name of Contact John Gray		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Medford Lees Retirement Community			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 1 Medford Lees Way			Square Feet 10,000	# of Floors 1	Bldg. Age 100
City (5) Medford		County Code (7) (STATE USE ONLY)			
County (6) Burlington		Current Use (Prior to being demolished) Retirement Community			

Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 823 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052	
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 809-288-6070		License No. 00842	
Project Manager for Monitoring Firm Bill Weisgarber		Name of OSHA Monitor EMSL Analytical, Inc.			

Start Date (10) January 6, 2015	Scheduled Completion Date (11) January 12, 2015	Street Address 200 Route 130 North			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ 08077			

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> 103 sf or less if <input checked="" type="checkbox"/> 150 sf or more if	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Non-Exempted (*) and Non-Friable Procedure
--	---	---

Location of Asbestos-Containing Material (ACM) <u>TO REPAIRED</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	Encapsulation	Enclosure
Community Building		XXX		Linoleum Flooring	500 SF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 02288	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 1/12/2015	City, State Birdsboro, PA
Completed by Christina Lynch	Title Operations Manager	Signature 	Date 1/5/2015

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

MO#22302804824

**RECEIVED**

Date of Notification (1) 01 / 05 / 15		Name of Building Owner/Operator (2) Clive Saunders	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA <small>(NJAC 5:23-8)</small>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 415 Richmond Avenue
			City, State, Zip Code South Orange, NJ 07079
			Name of Contact Clive Saunders

**2015 JAN -9 PM 8:26**  
**ASBESTOS CONTROL & LICENSING**

**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 415 Richmond Avenue		Square Feet	# of Floors
City (5) South Orange, NJ 07079		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)	ASCM No.	Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-638-1777	01127

Start Date (10) 01 / 14 / 15	Scheduled Completion Date (11) 01 / 15 / 15	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. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<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	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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	50 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"/>

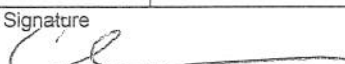
Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 01/05/2015



*A Emergency*

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

*CK 4581*  
**RECEIVED**  
**2015 JAN -9 PM 8:54**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 1/6/15		Name of Building Owner/Operator (2) Karon Miller Private Home							
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 22 Illinois Avenue						
			City, State, Zip Code Port Monmouth NJ 07758						
			Name of Contact Dave						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Karon Miller 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 22 Illinois Avenue				Square Feet 1000+					
City (5) Port Monmouth NJ 07758				# of Floors 1	Bldg. Age 35+				
County (6) Monmouth		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.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 1/7/15		Scheduled Completion Date (11) 1/9/15		Name of OSHA Monitor Same					
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 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
Kitchen				Floor Tile	128 SF	x			
Porch				Floor Tile	96 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 1/9/14		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 1/6/15			

# Emergency

Jan 6 2015 07:08am P001/001

Check # 9179

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

APPROVED  
 NJ Dept. of Health & Senior Services  
 (signature)

Date of Notification (1) <b>1-2-15</b>		Name of Building Owner/Operator (2) <b>Twin Wall Inc</b>	
Agencies Notified	Type Notification	Street Address	Date: <b>1/6/15</b> Time: <b>7:00V</b>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>2911 Route 27</b> City, State, Zip Code <b>Toms River NJ 08753</b>	Telephone Number <b>917</b>
Name of Facility Where Abatement is Taking Place (3) <b>Single family Shore House</b>		Name of Contact <b>Rose Guglielmelli</b>	

Name of Facility Where Abatement is Taking Place (3) <b>Single family Shore House</b>		Type of Facility (4)	
Street Address <b>7th 7th AVE</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Ortley Beach NJ 08751</b>		Square Feet	# of Floors <b>2</b>
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Shore House</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>		
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>		
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>

Start Date (10) <b>1-6-15</b>	Scheduled Completion Date (11) <b>1-6-15</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>P.O. Box 337</b>	
<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 <b>New Egypt NJ 08533</b>	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 25 sf or ≥ 25 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	Siding Shingles	1800 SF X				

Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>1-7-15</b>		City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>1-2-15</b>	

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

Date of Notification (1) <b>1-6-14</b>		Name of Building Owner/Operator (2) <b>Shaun Braue</b>	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification [X] Initial Notification [ ] Amended Notification [ ] EMERGENCY [ ] Cancellation	Street Address <b>114 Central Avenue</b>	
		City, State, Zip Code <b>Caldwell, NJ, 07006</b>	
		Name of Contact <b>Shaun Braue</b>	Telephone Number

RECEIVED

2015 JAN -9 PM 8:42

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>1700</b>	# of Floors <b>2</b>	Bldg. Age <b>94</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

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

Scheduled Start Date (10) <b>1-15-14</b>	Sched. Completion Date (11) <b>1-16-14</b>	Name of OSHA Monitor <b>N/A</b>
Month Day Year <b>1 15 14</b>	Month Day Year <b>1 16 14</b>	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> [ ] Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	140 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-19-14</b>	City, State <b>Morrisville, PA 19067</b>
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CVivian</i>	Date <b>1-6-14</b>

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

RECEIVED  
CK 5442

Date of Notification (1) <b>1/6/15</b>		Name of Building Owner/Operator (2) <b>BASF</b>		<b>2015 JAN -9 PM 8:42</b>		
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>25 MIDDLESEX ESSEX TPK</b>			
	City, State, Zip Code <b>ISELIN, N.J. 08830</b>			ASBESTOS CONTROL TPK LICENSING		
	Name of Contact <b>TOM SEEBURGER</b>		Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>BASF</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>25 MIDDLESEX ESSEX TPK</b>			Square Feet <b>100,000</b>	# of Floors <b>3</b>	Bldg. Age <b>60 YEARS</b>	
City (5) <b>ISELIN</b>			Current Use (Prior if being demolished) <b>RD OFFICE / LABS</b>			
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) <b>EHI</b>		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>		
Street Address <b>655 WEST SHORE TRAIL</b>			Street Address <b>450 South River St</b>			
City, State, Zip Code <b>SPARTA, N.J. 07871</b>			City, State, Zip Code <b>Hackensack, N.J. 07601</b>			
Project Manager for Monitoring Firm <b>B. KERBEL</b>		Telephone No. <b>973-651-2041</b>		License No. <b>00388</b>		
Start Date (10) <b>1/20/2015</b>		Scheduled Completion Date (11) <b>2/5/15</b>		Name of OSHA Monitor <b>Omega Environmental</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>			Street Address <b>280 Huyler St</b>			
			City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>			
Scope 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 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		
				Removal	Repair	Encapsulate
<b>LAB 207</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>TRANSITE PANEL</b>	<b>120 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MAT LAB FIRST FLOOR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>VAPEXAR SYSTEMS INSULATION</b>	<b>320 LF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>10CY</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>2/5/15</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Waynesburg, Oh, 44688</b>		Signature <i>J. Maiorano</i>		Date <b>1/6/15</b>		

**\* JOB NOT COMPLETED \* / NO (K) CHECK # 9593**

**OWNER HIRED NEW CONTRACTOR State of New Jersey  
TO COMPLETE AND ADDITIONAL WORK NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

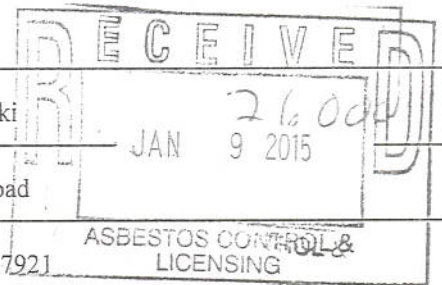
**RECEIVED**

Date of Notification (1) 10/29/14		Name of Building Owner/Operator (2) NOVUS FINE CHEMICALS		2015 JAN -9 PM 8:42								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 50 CRAFWOOD								
		City, State, Zip Code SOUTH PLAINFIELD, N.J. 07080		ASBESTOS CONTROL & LICENSING								
		Name of Contact IVAN DORIAN TORO		Telephone Number								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) CHEMICAL PLANT			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 426 ORCHARD ST			Square Feet 115,000	# of Floors 1	Bldg. Age +50							
City (5) CALLSTADT		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL								
County (6) BERGEN		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.								
		Name of Abatement Contractor (9) A.MAC Contracting Inc.										
Street Address		Street Address 105 Lowell Road										
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452										
Project Manager for Monitoring Firm		Telephone No. (201)262-5841		License No. 00156								
Start Date (10) 11/10/14		Scheduled Completion Date (11) 12/31/14		Name of OSHA Monitor Omega Environmental Services Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 280 Huyler Street									
			City, State, Zip Code Hackensack, NJ 07605									
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 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
SEE ATTACHED SURVEY QUANTIFIED ITEMS ONLY					SEE ATTACHED SURVEY QUANTIFIED ITEMS ONLY							
Name of Registered Waste Hauler Rovic Transport			NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 160		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, NJ 07457			Disposal Date 11/10/14		City, State Bethlehem, PA 18015							
Completed by Joseph Vocaturo			Title Vice President		Signature J. Vocaturo			Date 10/29/14				

*N/B*

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

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



Date of Notification (1) <b>January 5, 2015</b>		Name of Building Owner/Operator (2) <b>Debbie Nowakoski</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 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 <b>64 Wentworth Road</b>
			City, State, Zip Code <b>Bedminster, NJ-07921</b>
		Name of Contact <b>Debbie Nowakoski</b>	Telephone Number

**FACILITY INFORMATION**

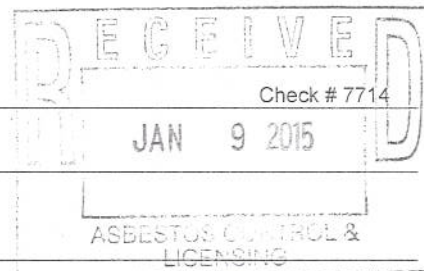
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>62 Archer Avenue South</b>			Square feet <b>1200 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
City <b>Bayville</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>		ASCM No.	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 08755-1271</b>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>	
Scheduled Start Date (10) <b>1/6/15</b>		Scheduled Completion Date (11) <b>1/8/15</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 <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>1/9/15</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 		Date <b>1/5/2015</b>

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

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



Date of Notification (1) 1/2/15		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address PO Box 5042	
	City, State, Zip Code Woodbridge, NJ 07095		Telephone Number
	Name of Contact Chris Rossi		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garden State Parkway Service/Maintenance Building (Bldg. 314)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address GSP - Mile Post 143 (North)			Square Feet 4000	# of Floors 1	Bldg. Age ~60
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Service/Maintenance Bldg.		

Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road		Street Address 323 Changebridge Road			
City, State, Zip Code Cranford, NJ 08512		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-575-8700	License Number 00852	
Scheduled Start Date (10) 1/12/15	Sched. Completion Date (11) 1/31/15		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Main floor		X		Floor mastic and cleanup of entire area	4800 SF	x								
Main floor		x		TSI	5 LF	x								

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 1/30/15		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 1/2/15

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

RECEIVED  
 JAN 9 2015  
 ASBESTOS CONTROL & LICENSING

CR# 2544

*\* Cimbyhy \**

Date of Notification (1) <b>1/6/15</b>		Name of Building Owner/Operator (2) <b>Carpinello Residence</b>					
Agencies Notified		Street Address <b>228 East Ave</b>					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code <b>Bay Head, New Jersey</b>					
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact <b>Gloria</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Carpinello 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 & commercial buildings, homes, etc.)					
Street Address <b>228 East Ave</b>		Square Feet <b>1400</b>	Bldg. Age <b>60+</b>				
City (5) <b>Bay Head</b>		Current Use (Prior if being demolished) <b>Residence</b>					
County (6) <b>Ocean</b>		County Code (7) <b>(STATE USE ONLY)</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>				
Street Address		Street Address <b>95 Montrose Road</b>					
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>					
Project Manager for Monitoring Firm		Telephone No. <b>732-294-1757</b>	License No. <b>00029</b>				
Start Date (10) <b>1/7/15</b>	Scheduled Completion Date (11) <b>1/10/15</b>		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: <b>7AM-7PM</b>			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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>Basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>pipewrap covering</b>	Amount (Specify SF or LF) <b>142 LF</b>	Abatement Type		
	Yes	No			N/A	Removal	Repair
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>IESI</b>			
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>1/10/15</b>		City, State <b>Easton, PA</b>			
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>		Signature <i>[Signature]</i>		Date <b>1/6/15</b>	

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



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

01/06/15

Date of Notification (1) 1/6/15		Name of Building Owner/Operator (2) Cindy + Joseph Panbucio	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 Osborne Place City, State, Zip Code Sea Bright, New Jersey Name of Contact Frank
	ASBESTOS CONTROL & ABATEMENT Telephone Number		RECEIVED JAN 9 2015

Name of Facility Where Abatement is Taking Place (3) Panbucio Residence Street Address 19 Osborne Place City (5) Sea Bright County (6) Monmouth			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 200 # of Floors 2 Bldg. Age 55+ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J. 07722		Telephone No. 732-294-1757 License No. 00029	
Project Manager for Monitoring Firm Telephone No.		Start Date (10) 1/15/15 Scheduled Completion Date (11) 1/19/15		Name of OSHA Monitor Street Address City, State, Zip Code	
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: 12:00 - 4:00			Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outdoor			✓	Siding	1500 SF	✓			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3		Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey				Disposal Date 1/19/15		City, State Easton, PA	
Completed by Bree McGuire			Title Secretary Treasurer		Signature 		Date 1/6/15