

B &amp; G proj. #: 2017-02

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



Date of Notification (1) 01/10/15/11/17		Name of Building Owner/Operator (2) Atlantic Health System	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 100 Madison Avenue			
City, State, Zip Code Morristown, NJ 07960			
Name of Contact Michaelle DiGangi		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chilton Medical Center			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 97 West Parkway			Square Feet # of Floors Bldg. Age		
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road		Street Address 105 Ryerson Road			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-4000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/06/2017	Sched. Completion Date (11) 01/07/2017		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 4:00pm - 12:30am			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

## Scope of Work (check all that apply)

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

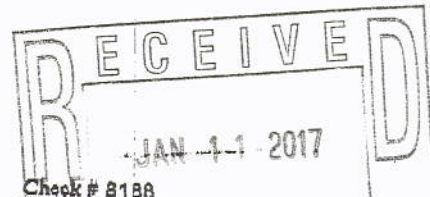
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main Bldg 1st floor 2C			<input checked="" type="checkbox"/>	fittings associated with fiberglass	49 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/09/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/05/2017



AS & G Proj. #: 2017-02

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



Date of Notification (1) <u>01/11/2017</u>		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified	Type Notification	Street Address 100 Madison Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morristown, NJ 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michaelle DiGangi	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

DOL - ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chilton Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc)		
Street Address 97 West Parkway			Square Feet # of Floors Bldg. Age		
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0146	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road			Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-678-4000	Telephone Number (973) 696-6669		
Scheduled Start Date (10) 01/06/2017		Sched. Completion Date (11) 01/07/2017	License Number 00378		
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: work shift 4:00pm - 12:30am			Name of OSHA Monitor B & G Restoration, Inc.		
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			Street Address 106 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07036		

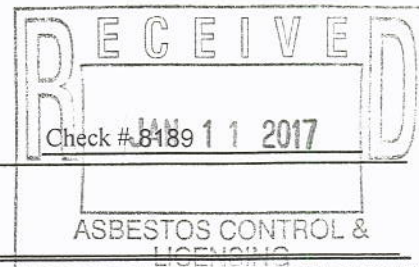
Full Containment w/negative pressure <input type="checkbox"/>			Glovebag procedure <input checked="" type="checkbox"/>						
Mini-enclosure <input checked="" type="checkbox"/>			Non-miable procedure <input type="checkbox"/>						
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
Main Bldg 1st floor 2C			X	fittings associated with fiberglass	49 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center					
City, State Lincoln Park, NJ		Disposal Date 01/09/2017		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 01/05/2017				



B &amp; G proj. #: 2017-03

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

\*\*\* EMERGENCY \*\*\*



Date of Notification (1) 01/15/17		Name of Building Owner/Operator (2) Wood-Ridge Board of Education	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 540 Windsor Road			
City, State, Zip Code Wood-Ridge, NJ 07075			
Name of Contact Peter Catania		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Wood-Ridge High School (Non-sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 258 Hackensack Street			Square Feet		
City (5) Wood-Ridge, NJ 07075			County (6) Bergen		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Remediation & Management Inc			ASCM No.		
Street Address 20-10 Maple Ave., Bldg. 35E			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Fair Lawn, NJ 07410			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Willie Morales			Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/06/2017			Sched. Completion Date (11) 01/07/2017		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: 4:00 pm - 12:30 am <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.			Street Address 105 Ryerson Road		
City, State, Zip Code Lincoln Park, NJ 07035			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
stairs by room 109, nurse closet			X	core drilling in existing studs	approx 60 holes	X			
kitchen snack rm & storage rms				in 8 locations	total 7 sf	X			
Room 204, Guidance Storage									
cust closet & back room by 209									

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/09/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/05/2017



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

B &amp; G Proj. #: 2017-03

\*\*\* EMERGENCY \*\*\*

Check # 5189 JAN 11 2017

Date of Notification (1) 10/11/10 15/11/17		Name of Building Owner/Operator (2) Wood-Ridge Board of Education	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 540 Windsor Road		City, State, Zip Code Wood-Ridge, NJ 07075	
Name of Contact Peter Catania		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Wood-Ridge High School (Non-sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 258 Hackensack Street			Square Feet # of Floors Bldg. Age		
City (5) Wood-Ridge, NJ 07075	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior to being demolished) non-sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Remediation & Management Inc		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-10 Maple Ave., Bldg. 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-949-3523	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/06/2017		Sched. Completion Date (11) 01/07/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours. Describe: 4:00 pm - 12:30 am <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☒ >3 sf or >3 lf ☐ >180 sf or >260 lf ☒ Mini-enclosure ☐ Non-fabric procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
stairs by room 109, nurse closet			<input checked="" type="checkbox"/>	core drilling in existing studs	approx 80 holes	<input checked="" type="checkbox"/>			
kitchen snack rm & storage rms				in 8 locations	total 7 sf	<input checked="" type="checkbox"/>			
Room 204, Guidance Storage									
cust closet & back room by 209									

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/09/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/05/2017



**Emergency**

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

Date of Notification (1) <b>JANUARY 4, 2017</b>		Name of Building Owner/Operator (2) <b>A.B. KURRE CONTRACTORS</b>							
Agencies Notified	Type Notification	Street Address <b>26 BRADLEY AVENUE</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>OCEANPORT, NJ 07757</b>							
		Name of Contact <b>ALLEN KURRE</b>	Telephone Number <b>609-758-3365</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>WOODBROOK SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>15 ROBIN ROAD</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>EDISON, NJ 08820</b>		Bldg. Age <b>N/A</b>							
County (8) <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>N/A OUTSIDE UNDER GROUND WORK</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>EPC TECHNOLOGIES, INC</b>							
City, State, Zip Code		Street Address <b>P.O. BOX 337</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
Telephone No.		Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>JANUARY 11, 2017</b>	Scheduled Completion Date (11) <b>JANUARY 12, 2017</b>	Name of OSHA Monitor <b>EPC TECHNOLOGIES, INC</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>NORMAL HOURS - OUTSIDE UNDERGROUND WORK</b>		Street Address <b>P.O. BOX 337</b>							
		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2180 sf or 2260 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-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>OUTSIDE-SEWER PIPE</b>			<b>X</b>	<b>6" TRANSITE CEMENT PIPE</b>	<b>286 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>SAKOUTIS BROTHERS DISPOSAL INC.</b>		NJDEP Waste Hauler ID No. <b>21243</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>WASTE MANAGEMENT OF PA</b>					
City, State <b>COLTS NECK, NJ</b>		Disposal Date <b>01/12/17</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>STEVE SCHENKER</b>		Title <b>PRESIDENT</b>	Signature <i>Steve Schenker</i>			Date <b>01/04/17</b>			



Jan 05 2017 04:48PM NJ Asbestos Control 609.633.0664

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01/05/2017 12:52PM 2013297440

BEST REMOVAL INC

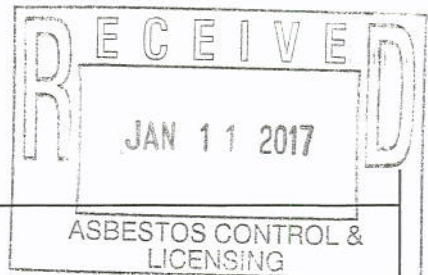
PAGE 02/04

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

Date of Notification (1) <b>1/5/17</b>		Name of Building Owner/Operator (2) <b>TEWCAN UNIVERSITY</b>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>262 S. MAIN ST</b>	City, State, Zip Code <b>LODI, NJ 07644</b>							
		Name of Contact <b>MR. CHARLES SARASIAN</b>	Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>OBAL HALL BLDG</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>262 S. MAIN ST</b>		Square Feet <b>14850</b>	# of Floors <b>2</b>							
City (5) <b>LODI</b>		Bldg. Age <b>~150 YEARS</b>								
Country (6) <b>BERGEN</b>	Country Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>SCHOOL / UNIVERSITY</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>DETAIL ASSOCIATES</b>		ASCM No. <b>00012</b>	Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address <b>300 GRAND AVE</b>		Street Address <b>450 South River Street</b>								
City, State, Zip Code <b>ENGLEWOOD, NJ 07631</b>		City, State, Zip Code <b>Hackensack, NJ 07601</b>								
Project Manager for Monitoring Firm <b>A. VALENTINE</b>		Telephone No. <b>201-569-6708</b>	License No. <b>00388</b>							
Start Date (10) <b>1/6/17</b>	Scheduled Completion Date (11) <b>1/7/17</b>	Name of OSHA Monitor <b>Omega Environmental</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>280 Huyler Street</b>								
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 1$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	Enclose	
<b>MECHANICAL ROOM #2</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>9LF</b>	<b>X</b>				
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>11/2</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>						
City, State <b>Hackensack, NJ 07601</b>		Dispose Date <b>1/9/17</b>	City, State <b>Waynesburg, OH 44688</b>							
Completed by <b>J. Majorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>1/5/17</b>						



CK 38579



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

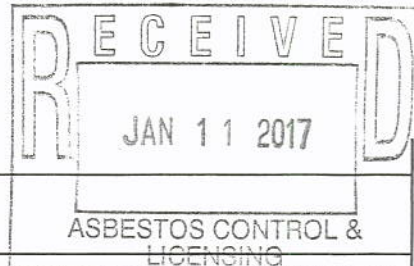
Date of Notification 0   1   0   6   1   7		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DCAVDOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 7 WEST SEVENTH STREET		City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Joe Anello		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER Mall Backstage			Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF		
City WOODBRIDGE			# Floor 3		
County UNION			Age of Bldg. 50+		
County Code State use Only			Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES			ASCM No.		
Street Address 515 GROVE STREET SUITE 1B			Name of Abatement Contractor ACM CONSULTING CORP.		
City, State, Zip Code HADDEN HEIGHTS, NJ 08035			Street Address 2150 STANLEY TERRACE		
Project Manager for Monitoring Firm TO BE DETERMINED			City, State, Zip Code UNION, NJ 07083		
Telephone No. TO BE DETERMINED			Telephone Number 908-687-1008		
Scheduled Start Date 1 16 2017			License Number 00575		
Scheduled Completion Date 2 16 2017			Name of OSHA Monitor EMSL ANALYTICAL		
Month Day Year			Street Address 307 WEST 38TH STREET		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:00PM TO 6:30AM Other - Describe: _____			City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure X		
Location of ACM Facility			Is Location Normally Used by Custodial Staff Yes NO N/A		Abatement Type
3RD FL - OUTSIDE FITTING ROOM AREA					Rem. Rep. Enc. Encl.
3RD FL - CHECKOUT AREA BY ESCALATOR					
3RD FL - NEAR ESCALATOR					
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896		Amount to be Removed (Specify SF/LF) 70SF
City, State BRONX, NY			Cubic Yds waste TBD		Abatement Type Rem. Rep. Enc. Encl.
Completed By (Print or Type) ANITA SMOLAR			Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC
Title GENERAL MANAGER			City, State of Registered Landfill WAYNESBURG, OHIO		Signature Anita Smolar
					Date 1/6/17



CK 38585



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

Date of Notification 0   1   0   6   1   7			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)			<b>RECEIVED</b> JAN 11 2017 ASBESTOS CONTROL & LICENSING					
Agencies Notified X USEPA X DEP X DCA/DOL X DOH			Type of Notification X Initial Notification Amended Cancellation						Street Address 7 WEST SEVENTH STREET		
City, State, Zip Code CINCINNATI, OHIO 45202											
Name of Contact TIA WENRICH											
Telephone Number											
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place MACY'S - LIVINGSTON MALL						Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)					
Street Address 173 EISENHOWER PARKWAY						SF of Bldg. 1 MILLION +SF					
City LIVINGSTON		County MIDDLESEX		County Code State use Only		# Floor 3		Age of Bldg. 50+			
Name of Monitoring Firm Hired by Building Owner Pennoni Associates Inc.						Name of Abatement Contractor ACM CONSULTING CORP.					
Street Address 515 Grove Street Ste 1B						Street Address 2150 STANLEY TERRACE					
City, State, Zip Code Haddon Heights, NJ 08035						City, State, Zip Code UNION, NJ 07083					
Project Manager for Monitoring Firm TO BE DETERMINED				Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008		License Number 00575			
Scheduled Start Date 1 23 2017		Scheduled Completion Date 3 15 2017		Name of OSHA Monitor EMSL ANALYTICAL							
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:00PM TO 6:30AM Other - Describe: _____						Street Address 307 WEST 38TH STREET					
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation						Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure					
Location of ACM Facility			Is Location Normally Used by Custodial Staff		Description of ACM to be Removed		Amount to be Removed (Specify SF/LF)				
			Yes NO N/A		Removed		Abatement Type				
MECHANICAL ROOM					Spray-on Fireproofing		Rem. Rep. Enc. Encl.				
					Thermal Insulation		X				
					Boiler Insulation		X				
					Tank Insulation		X				
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC				
City, State BRONX, NY			Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO						
Completed By (Print or Type) ANITA SMOLAR			Title GENERAL MANAGER		Signature <i>Anita Smolar</i>		Date 1/6/17				



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

Check ASBESTOS CONTAINING MATERIAL LICENSING  
# 9868  
1102 11 NVP  
JAN 11 2017

Date of Notification (1) <b>1-6-17</b>		Name of Building Owner/Operator (2) <b>Mark Franchi Demolition + Yard Services</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>348 Hurffville Greenock Road</b>							
		City, State, Zip Code <b>Sewell NJ 08080</b>							
		Name of Contact <b>Mark Franchi</b>							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling (Vacant)</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>426 E Ashland Ave</b>									
City (5) <b>Magnolia NJ 08049</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>65+-</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>Jan 17, 2017</b>	Scheduled Completion Date (11) <b>Jan 20, 2017</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls			X	Siding Shingles "	2000 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>1-20-17</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>			Date <b>Jan 6, 2017</b>			



CK 2577

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

RECEIVED  
JAN 11 2017

Date of Notification (1) 1/4/17		Name of Building Owner/Operator (2) Eloise Gordon	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Eric Plackis	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Englewood	Square Feet 1800	# of Floors 2	Bldg. Age 65
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915	
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723	
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196
Start Date (10) 1/5/16	Scheduled Completion Date (11) 1/12/16	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<br><input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|--|---|---|

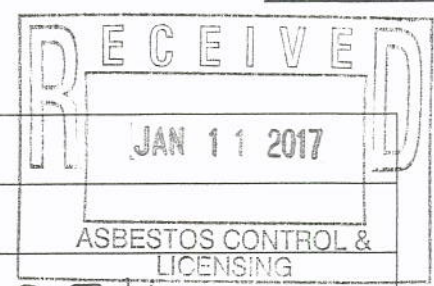
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				Thermal System Insulation	3535 LF				

Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Inc.	
City, State Brick, New Jersey			Disposal Date 1/13/17	City, State PA	
Completed by Eric Plackis		Title President	Signature [Signature]	Date 1/4/17	



CK 2580

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



Date of Notification (1) <b>1/5/17</b>		Name of Building Owner/Operator (2) <b>William Doyle</b>							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Allenhurst, NJ 07711</b>							
		Name of Contact <b>Eric Plackis</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Allenhurst</b>	Square Feet <b>5139</b>	# of Floors <b>3</b>	Bldg. Age <b>110</b>						
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>							
Street Address		Street Address <b>P.O. Box 915</b>							
City, State, Zip Code		City, State, Zip Code <b>Brick, New Jersey 08723</b>							
Project Manager for Monitoring Firm		Telephone No. <b>(732)899-7499</b>	License No. <b>01196</b>						
Start Date (10) <b>1/6/17</b>	Scheduled Completion Date (11) <b>1/20/17</b>	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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				<b>asbestos pipe insulation</b>	<b>200 LF</b>				
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS Inc.</b>					
City, State <b>Brick, New Jersey</b>			Disposal Date <b>1/21/17</b>	City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature <b>[Signature]</b>			Date <b>1/5/17</b>			



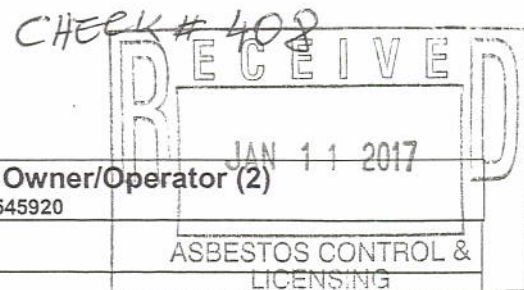
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK# 0248

Date of Notification (1) 01/05/17		Name of Building Owner/Operator (2) Hollywood Associates		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JAN 11 2017  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 277 Fairfield Rd, Suite 205							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairfield, NJ							
		Name of Contact Andrew Vita							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building				Type of Facility (4)					
Street Address 277 Fairfield Rd, Room # 219				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Fairfield				Square Feet 10,000	# of Floors 3				
County (6) Passaic				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc				
Street Address n/a				Street Address 360 Palisade Ave					
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a				Telephone No. n/a	License No. 01255				
Start Date (10) 01/14/17		Scheduled Completion Date (11) 01/20/17		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<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 Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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
Room 219			x	VAT	300 SF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Kristina Caporino		Title Secretary		Signature <i>Kristina Caporino</i>		Date 01/05/17			



State of New Jersey  
Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

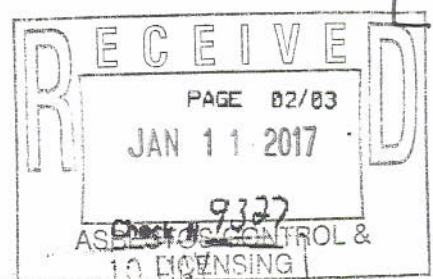


Date of Notification (1) 01/05/17			Name of Building Owner/Operator (2) Peter Mercuri Tel 908-6545920		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial notification <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency notification <input type="checkbox"/> Cancelled		Street Address 361 Hedge Row City, State, Zip Code Mountainside NJ	
				Name of Contact: Joe Notare	
				Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Building			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. Sf 2000 Floors 2 Age: 55 Current Use (prior if being demolished) :		
Street Address 361 Hedge Row					
City (5) Mountainside NJ	County (6) Union	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Contractor (9) BL Contracting .Inc		
Street Address			Street Address 5 Marquerite Lane		
City, State, Zip Cod			City, State, Zip Code Towaco 07082		
Projec. Manager for Monitoring Firm		Telephone Number	Telephone Number 973-901-0153		License Number 01265
Scheduled Start Date (10) 01/06 17/2017		Scheduled Completion Date (11) 01/10/17	Name of OSHA Monitor BL Contracting 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  <input type="checkbox"/> Other - Describe:			Street Address 5 Marquerite Lane  City, State, Zip Code Towaco, NJ 07082		
Source of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		x Non Exempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Basement		Floor Tile	130 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Waste Management of Pennsylvania	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F		
			Disposal Date 01/15/17	City, State Tullytown, PA	
Completed by (Print or Type) Nedo Vasilic	Title President	Signature Nedo Vasilic	Date 01/05/2017		



01/05/2017 10:09 2012620321

AMAC



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

Date of Notification (1) <b>1/5/17</b>		Name of Building Owner/Operator (2) <b>JUDY DUNNE</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment & Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>CARLSTADT NJ 07072</b>							
		Name of Contact <b>JOHN</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DUNNE</b>		Type of Facility (4)							
Street Address		<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.)							
City (5) <b>CARLSTADT</b>		Square Feet <b>1650</b>	# of Floors <b>2</b>						
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>RES</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		A. Mac Contracting Inc.							
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, N.J.</b>							
Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>1/5/17</b>	Scheduled Completion Date (11) <b>1/9/17</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
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 Other - Describe:		<b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or less <input checked="" type="checkbox"/> 2100 sf or less		<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-Flexible Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED in Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>VAT</b>	<b>600 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJCER Waste Hauler ID No. <b>04506</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Newark, N.J. 07106</b>		Disposal Date <b>1/5/17</b>		City, State <b>Pan Argyi, PA 08072</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <i>[Signature]</i>			Date <b>1/5/17</b>			



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

CK  
7490

Date of Notification 12/30/16		Name of Building Owner / Operator (2) <b>Visions Federal Credit Union</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   JAN 11 2017 </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	<input checked="" type="checkbox"/> Emergency Notification	<b>140 Speedwell Avenue</b>			
DEP	Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Morris Plains, NJ 07950</b>			
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact		ASBESTOS Telephone Number	
DCA		<b>Brian Midock</b>			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Visions Credit Union</b>			Type of Facility (4)		
Street Address <b>140 Speedwell Ave</b>			School (K-12)		
			Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Morris Plains</b>		County (6) <b>Morris</b>	County Code (7)	Square Feet <b>3,500</b>	# of Floors <b>1</b>
				Bldg. Age <b>50+</b>	
			Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>1/2/17</b>	Scheduled Completion Date (11) <b>1/3/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <b>443 Schoolhouse Road</b>		
Abatement Performed Outside of Normal Facility Hours - Describe:			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Other - Describe:					

Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM				Other:	


  

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe Fittings</b>	<b>12 LF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>3</b>	Name of Registered Landfill <b>Cumberland County</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>1/4/17</b>	City, State <b>Newburg, PA</b>	

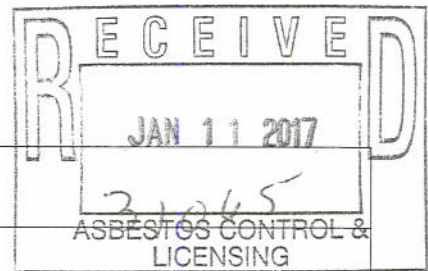
  

Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature 	Date <b>12/30/17</b>
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CL 31065

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

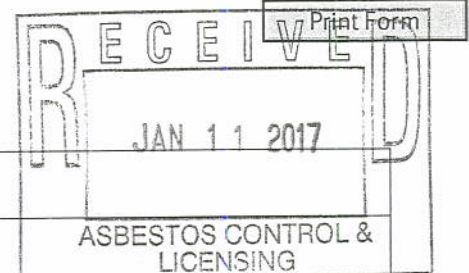


Date of Notification (1) <u>01</u> / <u>06</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Lertch Wrecking &amp; Disposal</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>5115 Belmar Blvd.</b>							
		City, State, Zip Code <b>Wall, NJ 07727</b>							
		Name of Contact <b>Doug</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Sea Bright</b>		Square Feet <b>1800</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Monmouth</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</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <u>01</u> / <u>09</u> / <u>17</u>	Scheduled Completion Date (11) <u>01</u> / <u>10</u> / <u>17</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>01/11/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/6/17</b>			



CK 21954

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



Date of Notification (1) 1/5/2017		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY							
Agencies Notified	Type Notification	Street Address ONE MARKET STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELMWOOD PARK, NJ 07407							
		Name of Contact ED KNAPICK	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY		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 ONE MARKET STREET		Square Feet	# of Floors						
City (5) ELMWOOD PARK		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 1/17/2017	Scheduled Completion Date (11) 1/27/2017	Name of OSHA Monitor SAME AS (9) 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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIBER AREA 1ST & 2ND FLOORS		X		TANK INSULATION	300 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 1/27/2017	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/5/2017					



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

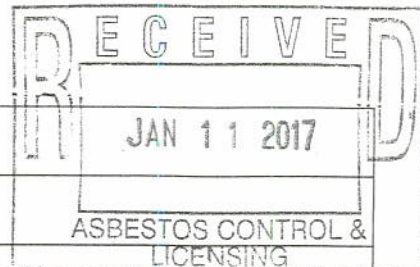
Ck # 0245

Date of Notification (1) 01/03/17		Name of Building Owner/Operator (2) Blue Lake Crane & Equipment LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JAN 11 2017  ASBESTOS CONTROL &amp; LICENSING </div>				
Agencies Notified	Type Notification	Street Address 33 W. 19th St, 4th Fl						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10011						
		Name of Contact Stephen Guido		Telephone Number				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Building				Type of Facility (4)				
Street Address 1231 Kennedy Blvd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) North Bergen				Square Feet 2000	# of Floors n/a			
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Current Use (Prior if being demolished) Storefront / Apartment Bldg				
Street Address n/a		Name of Abatement Contractor (9) Harmony Contracting Inc		Street Address 360 Palisade Ave				
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026		Telephone No. 973460.6026				
Project Manager for Monitoring Firm n/a		Telephone No. n/a		License No. 01255				
Start Date (10) 01/04/17		Scheduled Completion Date (11) 01/15/17		Name of OSHA Monitor Harmony Contracting Inc				
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave				
<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 Garfield, NJ 07026				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
DEBRIS TO BE SEPERATED			DEBRIS TO BE SEPERATED					
AND DISPOSED AS ACM			AND DISPOSED AS ACM					
Name of Registered Waste Hauler Unknown		NJDEP Waste Hauler ID No. unknown		Cubic Yards of Waste unknown		Name of Registered Landfill Unknown		
City, State Unknown		Disposal Date Unknown		City, State Unknown				
Completed by Kristina Caporino		Title Secretary		Signature <i>Kristina Caporino</i>		Date 01/03/17		



CK 2581

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

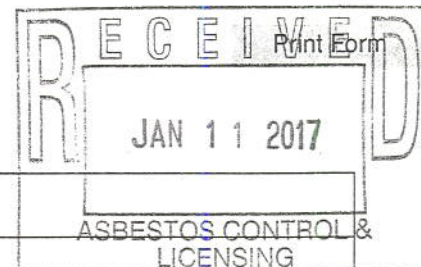


Date of Notification (1) 1/5/17		Name of Building Owner/Operator (2) Peter BuCossi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Berkeley Heights, NJ 07922							
		Name of Contact Eric Plackis	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lavallette	Square Feet 3040	# of Floors 2	Bldg. Age 72						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 1/6/17	Scheduled Completion Date (11) 1/14/17	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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
				floor tile	400 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 1/16/17	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 1/5/17			



CK 14423

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



Date of Notification (1) JAN. 5, 2017		Name of Building Owner/Operator (2) MARY SASWAY							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON, NJ 08837							
		Name of Contact MATT ABRAHAMSON	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MARY SASWAY 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 862 SF	# of Floors 1						
City (5) EDISON		Bldg. Age 1960							
County (6) MIDDLESEX	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) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) JAN. 17, 2017	Scheduled Completion Date (11) JAN. 18, 2017	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <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)  400 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT		X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 2 CY	Name of Registered Landfill TRRF LANDFILL					
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 1/18/17	City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 1/5/17			



CK 0250

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

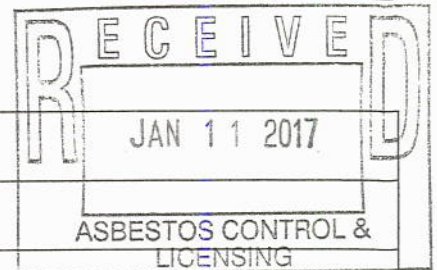
CK# 0250

Date of Notification (1) 01/06/17		Name of Building Owner/Operator (2) Coli Construction LTD		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JAN 11 2017  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 1 Sears Dr							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ Name of Contact Dan Coli							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 3000 # of Floors 3 Bldg. Age 50+					
City (5) Madison				County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residential House					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		Street Address 360 Palisade Ave		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code n/a		Telephone No. n/a		License No. 01255					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Name of OSHA Monitor Harmony Contracting Inc					
Start Date (10) 01/17/17		Scheduled Completion Date (11) 01/31/17		Street Address 360 Palisade Ave					
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: _____				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
VARIOUS ROOMS			x	WOODLET/PLASTER	1000 SF	x			
ON 1ST & 2ND FLOOR				REMNANTS					
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Kristina Caporino		Title Secretary		Signature Kristina Caporino		Date 01/06/17			



MO 24051457236

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



Date of Notification (1) 10/26/16		Name of Building Owner/Operator (2) tarik Saleh							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) tarik Saleh		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) Jersey City		Bldg. Age							
County (6) Hudson County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 01/04/17	Scheduled Completion Date (11) 01/18/17	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				TSI	100 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 			Date 01/03/17			



CK 0249

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

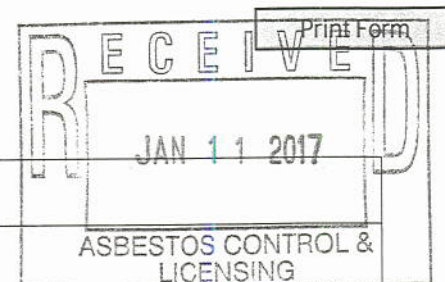
CK# 0249

Date of Notification (1) 01/05/17		Name of Building Owner/Operator (2) c/o The Coli Group		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JAN 11 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1 Sears Dr							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Dan Coli		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Madison		Square Feet 2000	# of Floors 2	Bldg. Age 50+					
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026	License No. 01255					
Start Date (10) 01/16/17		Scheduled Completion Date (11) 01/25/17		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<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 Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Harmony Construction		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Kristina Caporino		Title Secretary	Signature <i>Kristina Caporino</i>			Date 01/05/17			



CK 443

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



Date of Notification (1) 01-03-2017		Name of Building Owner/Operator (2) Kathy Stevens							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne NJ 07002							
		Name of Contact Kathy Stevens	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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 N/A	# of Floors N/A						
City (5) Bayonne NJ 07002		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut Street		Street Address PO BOX 734							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298						
		License No. 01266							
Start Date (10) 01-13-2017	Scheduled Completion Date (11) 01-17-2017	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park nNJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	200 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill GROWS					
City, State Woodland Park NJ 07424		Disposal Date 01-22-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 01-03-2017			



CK 3893

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

VIA U.S. MAIL

Ch# 3893

Date of Notification (1) 1/5/17		Name of Building Owner/Operator (2) MRS MARY BOTROS		<div style="border: 1px solid black; padding: 5px;"> RECEIVED  JAN 11 2017  ASBESTOS CONTROL &amp;  Telephone Number </div>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]		
		City, State, Zip Code MOONACHIE N.J. 07074						
		Name of Contact MRS BOTROS						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				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, home etc.)				
Street Address [REDACTED]								
City (5) MOONACHIE N.J. 07074				Square Feet 2000	# of Floors 2			
County (6)				County Code (7) (STATE USE ONLY)	Bldg. Age 80			
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) HOUSE				
Street Address				Name of Abatement Contractor (9) NOVATECH INC				
City, State, Zip Code				Street Address P.O. Box 814				
Project Manager for Monitoring Firm				City, State, Zip Code OLD BRIDGE N.J. 08857				
Telephone No.				Telephone No. 732 238-7500	License No. 00806			
Start Date (10) 1/16/17		Scheduled Completion Date (11) 3/16/17		Name of OSHA Monitor NOVATECH INC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address P.O. Box 814				
				City, State, Zip Code OLD BRIDGE N.J. 08857				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
				<input type="checkbox"/> 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
EXTERIOR			X	Window	2160 LF	X		
BATHROOM 2nd Floor			X	FLOOR TILE (GROUT)?	246 SF	X		
				# thin-set				
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE N.J. 08857		Disposal Date 3/5/17		City, State MORRISVILLE P.A.				
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]		Date 1/5/17		



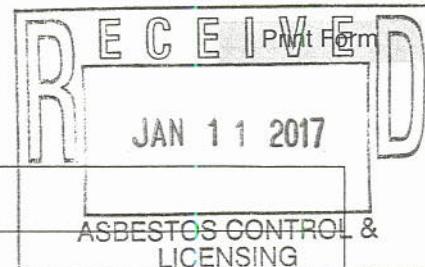
no CK

AMENDED START DATE

\* AMENDED DUE TO CONTRACTOR

KEEPING SCHEDULE FOR WORK TO BE COMPLETED.

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

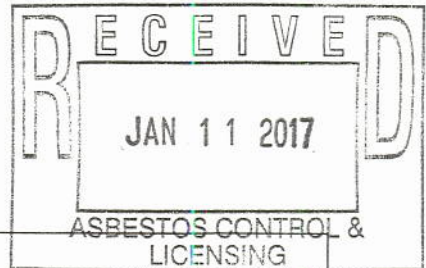


Date of Notification (1) <b>JAN 1, 2017</b>		Name of Building Owner/Operator (2) Neptune Laundromat Associates							
Agencies Notified	Type Notification	Street Address 116 3rd Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neptune, NJ 07753							
		Name of Contact Paul Monteforte							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Neptune Laundromat		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 116 3rd Avenue		Square Feet 4500 SF	# of Floors 2						
City (5) Neptune		Bldg. Age 34 years							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Laundromat							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) <b>JAN. 2, 2017</b>	Scheduled Completion Date (11) <b>JAN. 4, 2017</b>	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MAIN FLOOR			X	2 LAYERS VAT	2080 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 2 cy	Name of Registered Landfill TRRF LANDFILL					
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 1/6/17		City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 1/1/2017		



CK 5111

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



Date of Notification (1) <u>01 / 10 / 2017</u>		Name of Building Owner/Operator (2) <u>NJDEP BUREAU OF SITE MANAGEMENT</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 420 5TH FLOOR MAIL CODE: 401-05 R</u> City, State, Zip Code <u>TRENTON, NEW JERSEY 08265</u> Name of Contact <u>WILLIAM BUCHANAN</u>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>SCHENK CLEANERS SITE - PI # 230602</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <u>1100 HADON AVE.</u>		Square Feet <u>5,000</u>	# of Floors <u>1</u>						
City (5) <u>COLLINGSWOOD BOROUGH</u>		Bldg. Age <u>60</u>							
County (6) <u>CAMDEN COUNTY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>DRY CLEANERS</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>ACER ASSOCIATES, LLC</u>		Name of Abatement Contractor (9) <u>ECOSERVICES, LLC</u>							
Street Address <u>1012 INDUSTRIAL DRIVE</u>		Street Address <u>407 WEST LINCOLN HIGHWAY, SUITE #300</u>							
City, State, Zip Code <u>WEST BERLIN, NEW JERSEY 08091</u>		City, State, Zip Code <u>EXTON, P.A 19341</u>							
Project Manager for Monitoring Firm <u>MATTHEW DEPALMA</u>	Telephone No. <u>856-809-1202</u>	Telephone No. <u>484-872-8884</u>	License No. <u>01161</u>						
Start Date (10) <u>01 / 23 / 17</u>	Scheduled Completion Date (11) <u>02 / 24 / 17</u>	Name of OSHA Monitor <u>EMSL</u>							
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 <u>200 Route 130</u> City, State, Zip Code <u>Cinnaminson, NJ</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" 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
<u>See Attached</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <u>Waste Management</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <u>80</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Camden, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>Morrisville PA</u>					
Completed By (Print or Type) <u>PAT GARRISON</u>		Title <u>PROJECT MANAGER</u> <u>ALLSTATE POWER VAC</u> <u>NJDEP CONTRACTOR</u>		Signature 		Date <u>1/10/17</u>			



RECEIVED  
JAN 11 2017

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