

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

CK#5011 RECEIVED
2014 JAN 14 AM 8:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/8/2014		Name of Building Owner/Operator (2) P.S.E.G.							
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 4000 HADLEY ROA							
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact CHRISTOPHER MORENO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		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 422 UNIVERSITY AVE.		Square Feet 17291	# of Floors 3						
City (5) NEWARK		Bldg. Age 55 YRS							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) 1/28/2014	Scheduled Completion Date (11) 1/31/2014	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED BY NECESSARY OPERATORS ONLY</u>		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND & 3RD FLOORS		X		WIRE ACM SOCK	120 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 7	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 1/8/14			

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

RECEIVED
 2014 JAN 14 AM 8:30
 ASBESTOS CONTROL & LICENSING

CK 7063

Date of Notification (1) January 9, 2014		Name of Building Owner/Operator (2) Diana Clark & Jacquelyn Shinn Check # 7063	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 221 Phillips Avenue	
		City, State, Zip Code Runnemede, NJ 08078	
		Name of Contact Diana Clark	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 221 Phillips Avenue		Square Feet 4,000	# of Floors 2	Bldg. Age 100
City (5) Runnemede	County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC		
Street Address P.O. Box 341		Street Address 623 Cutler Ave.		

City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. (856)755-0099	License No. 00842	

Start Date (10) January 27, 2014	Scheduled Completion Date (11) February 7, 2014	Name of OSHA Monitor EMSL		
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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 107 Haddon Ave		
		City, State, Zip Code Westmont, New Jersey 08108		

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 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		XXX		Asbestos Paper	42 SF	X			

Name of Registered Waste Hauler Freehold	NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill	
City, State Mount Holly, New Jersey 08060		Disposal Date 2/7/14	City, State Tullytown, PA.	

Completed by Christina Lynch	Title Office Manager	Signature 	Date 1/9/2014
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED
2014 JAN 14 AM 8:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1-9-14		Name of Building Owner/Operator (2) Charles Acker	
Agencies Notified	Type Notification	Street Address 280 Washington Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Charles Acker	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1800	# of Floors 2	Bldg. Age 62
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 1-23-14		Sched. Completion Date (11) 1-24-14		Name of OSHA Monitor N/A	
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 - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		City, State, Zip Code			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Ductwork Insulation	50 sf	X		X		

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 1-27-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		Date 1-9-14

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

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2014 JAN 14 AM 8:59
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 1-10-14		Name of Building Owner/Operator (2) Meier Rosenberg -	
Agencies Notified	Type Notification	Street Address 452 Wayne Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Jersey City, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Meier Rosenberg	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCAC			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2500	# of Floors	Bldg. Age 100
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 1-25-14	Sched. Completion Date (11) 1-30-14		Name of OSHA Monitor N/A		
Month Day Year	Month Day Year				
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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	N C A P S U L E	E N C L O S U R E	
Basement			X	Hot Water Tank	57 sf	X				
				Pipe Insulation	100 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 1-31-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>		Date 1-10-14	

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

Date of Notification (1)
1-10-14

Name of Building Owner/Operator (2)
Meier Rosenberg

Street Address
1855 Kennedy Blvd

City, State, Zip Code
Jersey City, NJ,

Name of Contact
Meier Rosenberg

Telephone Number
ASBESTOS & LIG, Co.,

Agencies Notified

<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification
<input type="checkbox"/> IDEP	<input type="checkbox"/> Amended Notification
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation
<input type="checkbox"/> DCA	

RECEIVED
2014 JAN 14 AM 8:59

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address

City (5)

County (6) Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e., private & commercial buildings, homes, etc.)

Square Feet **5000**

of Floors

Bldg. Age **100**

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm

Telephone Number
N/A

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
1-19-14

Sched. Completion Date (11)
1-25-14

Month Day Year

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript

Other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

>3 sf or >3 lf

>160 sf or >260 lf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	E	M	O	V	A	L	
Basement			X	Hot water tank	214 sf	X							
				Pipe Insulation	80 lf								

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste **1.5**

Name of Registered Landfill
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date
1-27-14

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Constantine Vivian

Date
1-10-14

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


Check # 8834
 RECEIVED
 2014 JAN 14 AM 8:59
 ASBESTOS & LEAD ABATEMENT CONTROL

Date of Notification (1) 1-11-14		Name of Building Owner/Operator (2) VOADV Property Inc								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 235 White Horse Rd								
		City, State, Zip Code Collingswood NJ 08107								
		Name of Contact Daniel Lombardo								
Telephone Number 										
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant Block 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.)								
Street Address Corner of 16th St. and Mickie Ave		Square Feet	# of Floors							
City (5) Camden NJ 08105		Bldg. Age 75								
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Building								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337								
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533								
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394							
Start Date (10) 1-21-14	Scheduled Completion Date (11) 1-31-14	Name of OSHA Monitor EPC Technologies 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 337								
		City, State, Zip Code New Egypt NJ 08533								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Roof			X	Roofing Material	400 SF	X				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management of PA						
City, State New Egypt NJ		Disposal Date 1-31-14		City, State Morrisville PA						
Completed by Steve Schenker		Title President		Signature Steve Schenker			Date 1-11-14			

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

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

**RECEIVED
2014 JAN 14 AM 9:00
ASBESTOS CONTROL
& LICENSING DIV.**

Date of Notification (1) January 9, 2014		Name of Building Owner/Operator (2) The State of NJ, Dept. of Treasury Div. Prop. Mgmt. Check # 7062								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 034 City, State, Zip Code Trenton, NJ 08625 Name of Contact _____ Telephone Number _____							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) CRRNJ Terminal Building, Liberty State Park Street Address 200 Morris Pesin Drive City (5) Jersey City County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 10,000 # of Floors 2 Bldg. Age 100 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Terminal Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Ave. City, State, Zip Code Maple Shade, NJ 08052 Telephone No. (856)755-0099 License No. 00842							
Start Date (10) January 20, 2014	Scheduled Completion Date (11) January 31, 2014	Name of OSHA Monitor EMSL								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <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	Yes No N/A	Yes No N/A			Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Exterior		XXX		Window Sill Caulk	158 LF	X				
Exterior		XXX		Expansion Joint Caulk	72 LF	X				
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill						
City, State Mount Holly, New Jersey 08060			Disposal Date 1/31/14	City, State Tullytown, PA.						
Completed by Christina Lynch		Title Office Manager	Signature 			Date 1/9/2014				

OK 8300

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

RECEIVED
 2014 JAN 14 AM 9:00
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>1 / 10 / 14</u>		Name of Building Owner/Operator (2) <u>Delaware River Port Authority</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 1949</u>	
		City, State, Zip Code <u>Camden New Jersey 08101</u>	
		Name of Contact <u>Valerie Bradford</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>BENJAMIN FRANKLIN BRIDGE</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>5TH + Elm STREET</u>		Square Feet <u>+ 506</u>	# of Floors <u>2</u>
City (5) <u>Camden N.J. 08101</u>		Bldg. Age <u>+ 50</u>	
County (6) <u>Camden</u>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <u>Train Track upgrade</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>BATA ENVIRONMENTAL ASSOCIATES</u>	ASCM No.	Name of Abatement Contractor (9) <u>K+A ENVIRONMENTAL CONTRACTORS INC</u>	
Street Address <u>DELAWARE INDUSTRIAL PARK 6 GARFIELD WAY</u>		Street Address <u>20 LAUCK ROAD</u>	
City, State, Zip Code <u>NEWARK, DE 19713-5817</u>		City, State, Zip Code <u>MOHNTON, PA 19540</u>	
Project Manager for Monitoring Firm <u>JEFFREY KUNTZ</u>	Telephone No. <u>302-737-3376</u>	Telephone No. <u>610-856-7700</u>	License No. <u>01102</u>

Start Date (10) <u>1 / 24 / 14</u>	Scheduled Completion Date (11) <u>3 / 31 / 14</u>	Name of OSHA Monitor <u>BATA ENVIRONMENTAL ASSOCIATES</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: <u>700 AM-500 PM</u> / <u> </u> PM- <u> </u> AM <u>Friday thru Monday</u>		Street Address <u>DELAWARE INDUSTRIAL PARK 6 GARFIELD WAY</u>	
		City, State, Zip Code <u>NEWARK, DE 19713-5817</u>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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>TRANSITE SHIM'S</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TRANSITE SHIM'S</u>	<u>900 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ON TRACKS FOR TRAIN</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"/>

Name of Registered Waste Hauler <u>K+A ENVIRONMENTAL CONTRACTORS</u>	NJDEP Waste Hauler ID No. <u>00815</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>SOUTHERN ALLEGHENIES LANDFILL, INC</u>
City, State <u>DAVIDSVILLE PA</u>		Disposal Date <u>3-31-14</u>	City, State <u>DAVIDSVILLE PA</u>
Completed By (Print or Type) <u>ANTHONY J SANTARELLI</u>	Title <u>OPERATION</u>	Signature <u>Anthony J Santarelli</u>	Date <u>1-10-14</u>

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

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

* *Emergency* *

RECEIVED
 2014 JAN 14 AM 9:01
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/10/14		Name of Building Owner/Operator (2) Sandy & Steve Rubin Private Home	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 East 30th St	
		City, State, Zip Code Spray Beach NJ 08008	
		Name of Contact Steve	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sandy & Steve Rubin Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5 East 30th St		Square Feet 1000+	# of Floors 2
City (5) Spray Beach NJ 08008		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 1/13/14	Scheduled Completion Date (11) 1/17/14	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

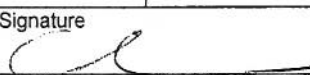
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S	
City, State Elm NJ		Disposal Date 1/17/14		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 1/10/114

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

* Emergency *

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

CK 3840

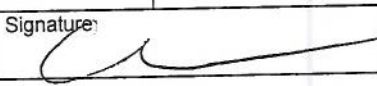
Date of Notification (1) 1/9/14		Name of Building Owner/Operator (2) Barbara & Larry Holcomb Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 27 Parkhill Lane City, State, Zip Code Sicklerville NJ 08081						
			Name of Contact Barabara						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Barbara & Larry Holcomb Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 27 Parkhill Lane			Square Feet 1000+	# of Floors 1.5	Bldg. Age 35+				
City (5) Sicklerville NJ 08081		County (6) Camden		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address _____			Street Address PO Box 329						
City, State, Zip Code _____			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 1/10/14	Scheduled Completion Date (11) 1/13/14		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____ City, State, Zip Code _____						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input 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
First Floor			x	Floor Tile only	760 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/13/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 		Date 1/9/14				

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** Emergency **

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

CK 3845.

Date of Notification (1) 1/10/14		Name of Building Owner/Operator (2) Anthony Canale Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 56 Harry								
		City, State, Zip Code Manahawkin NJ 08050								
		Name of Contact Anthony	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Anthony Canale Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 56 Harry		Square Feet 1000+	# of Floors 1.5							
City (5) Manahawkin NJ 08050		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 1/13/14	Scheduled Completion Date (11) 1/17/14	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			X	Exterior Siding	1100 SF	X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S						
City, State Elm NJ		Disposal Date 1/17/14		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 1/10/14			

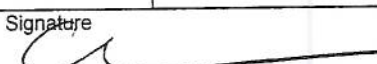
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 2014 JAN 14
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CONTROL
 8:32

** Emergency **

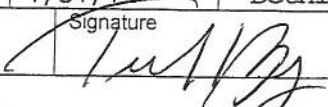
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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 2014 JAN 14 AM 9:02
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/10/14		Name of Building Owner/Operator (2) Scott Gillispie Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 57 South Spinnaker City, State, Zip Code Little Egg Harbor NJ 08070 Name of Contact Scott Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Scott Gillispie Private Home Street Address 57 South Spinnaker City (5) Little Egg Harbor NJ 08070		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ # of Floors 1 Bldg. Age 35+						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____ Name of Abatement Contractor (9) Pernaco Inc.							
Street Address _____ City, State, Zip Code _____		Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____ Telephone No. _____		Telephone No. 856-753-9800 License No. 00727							
Start Date (10) 1/13/14		Scheduled Completion Date (11) 1/17/14							
Name of OSHA Monitor Same		Street Address _____ City, State, Zip Code _____							
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: _____									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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) 1100 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 1/17/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 1/10/14			

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

Check # 10056

Date of Notification (1) 12-4-13		Name of Building Owner/Operator (2) Reinhard Manor, LLC c/o MBI Development Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 725 Cuthbert Blvd.						
			City, State, Zip Code Cherry Hill, NJ 08002						
			Name of Contact Bruce Morgan		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Reinhard Manor				Type of Facility (4)					
Street Address 16 Outlook Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Woodbridge				Square Feet 35,000 SF	# of Floors 2				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Bldg. Age 90yrs.					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.			ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.				
Street Address 411 Southgate Court, Suite E			Street Address 923 Haws Avenue						
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 12/19/13		Scheduled Completion Date (11) 1/31/14		Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 923 Haws Avenue					
<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 Norristown, PA 19401					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 16-throughout			X	pipe insulation	2,550 LF	X			
-Boiler room			X	breeching insulation	600 SF	X			
-throughout			X	VAT & mastic	10,600 SF	X			
Bldg. #2-Boiler Room			X	breeching insulation	225 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 120yds.	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ				Disposal Date 1/31/14	City, State Bethlehem, PA				
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 12-4-13			

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

Check # 106
 ASBESTOS LICENSING
 2011 JAN 14 AM 9:09
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Date of Notification (1) 12-17-13		Name of Building Owner/Operator (2) Reinhard Manor, LLC c/o MBI Development Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 725 Cuthbert Blvd.		City, State, Zip Code Cherry Hill, NJ 08002				
			Name of Contact Bruce Morgan			Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Reinhard Manor			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 16 Outlook Avenue			Square Feet 35,000 SF	# of Floors 2	Bldg. Age 90yrs.				
City (5) Woodbridge		County (6) Middlesex		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 411 Southgate Court, Suite E		City, State, Zip Code Mickleton, NJ 08056		Street Address 923 Haws Avenue					
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		Telephone No. 610-239-9920					
Start Date (10) 1-6-14		Scheduled Completion Date (11) 2-14-14		License No. 00398					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor Plymouth Environmental Co., Inc.						
			Street Address 923 Haws Avenue						
			City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 16-throughout			x	pipe insulation	2,550 LF	x			
-boiler room			x	breaching insulation	600 SF	x			
-throughout			x	VAT & mastic	10,600 SF	x			
Bldg. #2-Boiler room			x	breaching insulation	225 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 120yds.		Name of Registered Landfill IESI Landfill			
City, State Newark, NJ		Disposal Date 2-14-14		City, State Bethlehem, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 12-17-13			

No check

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

RECEIVED
 2014 JAN 14 AM 9:08
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1-10-14		Name of Building Owner/Operator (2) Reinhard Manor, LLC c/o MBI Development Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 725 Cuthbert Blvd.	
		City, State, Zip Code Cherry Hill, NJ 08002	
		Name of Contact Bruce Morgan	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Reinhard Manor		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 16 Outlook Avenue		Square Feet 35,000	# of Floors 2
City (5) Woodbridge		Bldg. Age 90yrs.	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	

Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue		
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401		
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398

Start Date (10) 1-20-14	Scheduled Completion Date (11) 2-28-14	Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue		
		City, State, Zip Code Norristown, PA 19401		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Bldg. 16-throughout			x	pipe insulation	2,550 LF	x			
-boiler room			x	breeching insulation	600 SF	x			
-throughout			x	VAT & mastic	10,600 SF	x			
Bldg. #2-boiler room			x	Breeching insulation	225 SF	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 120yds.	Name of Registered Landfill IESI Landfill	
City, State Newark, NJ		Disposal Date 2-28-14		City, State Bethlehem, PA	
Completed by James Kelly		Title President	Signature 	Date 1-10-14	

OK 320

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

Print Form

2011 JAN 14 AM 9:10
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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/10/14		Name of Building Owner/Operator (2) TJC at VOORHEES, LLC	
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 603 FIRST AVENUE	
		City, State, Zip Code RARITAN, NJ 08869	
		Name of Contact ANDREW RICCO	Telephone Number

Name of Facility Where Abatement is Taking Place (3) VACANT HOUSE, GARAGE & BARN			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 218 KRESSON GIBBSBORO ROAD			Square Feet	# of Floors 1	Bldg. Age
City (5) VOORHEES			Current Use (Prior if being demolished) VACANT		
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) EHS ENVIRONMENTAL		
Name of Monitoring Firm Hired by Building Owner (8) EHS ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) RICCO CONSTRUCTION CORP.		
Street Address 411 SOUTHGATE COURT, SUITE E		Street Address 282 CREEK ROAD			
City, State, Zip Code MICKLETON, NJ 08056		City, State, Zip Code BELLMAWR, NJ 08031			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 8564666452	License No. 01204	
Start Date (10) 1/20/14		Scheduled Completion Date (11) 2/20/14		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MIDDLE BARN		X		ASSUMED TRANSIT SIDING	1600SF	X			
GARAGE		X		ASSUMED TRANSIT SIDING	650SF	X			
REAR BARN		X		ASSUMED TRANSIT SIDING & BRIS	120SF	X			
RED HOUSE		X		ASSUMED TRANSIT SIDING	600SF	X			

Name of Registered Waste Hauler RICCO CONSTRUCTION CORP		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste	Name of Registered Landfill SALEM COUNTY	
City, State BELLMAWR, NJ		Disposal Date TBD	City, State ALLOWAY, NJ		
Completed by ANDREW RICCO	Title OWNER	Signature Andrew Ricco	Date 1/10/14		

JK 8002

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

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2014 JAN 14 AM 9:14
ASBESTOS CONTROL & LICENSING

Date of Notification (1) Dec 7, 2014		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address 80 Park Plaza
			City, State, Zip Code Newark, NJ 07102-4109
			Name of Contact Sean Cassidy
		Tel. Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ESSEX GENERATING Station			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 bldgs., homes, etc.)
Street Address 155 Raymond Blvd			Sq. Feet 1,000,000 # of Floors 8
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	Bldg. Age 65 Current Use (prior if being demolished) Electric Generating Station
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolut Ace Inc.

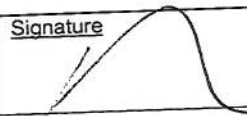
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City, State, Zip Code FLORHAM PARK, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Jan 17, 2014	Scheduled Completion Date (11) March 30, 2014	Name of OSHA Monitor MECS	
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 Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		Street Address 5 Linwood Ct	
		City, State, Zip Code Hamilton, NJ 08690	

Source of Work (Check all that apply)

- Demolition Renovation
 Large Proj. (>160 SF or >260 LF ACM) SM Proj. (>25<160 SF or >10 <260 LF ACM) Minor Proj. (<25 SF or <10 LF ACM)
 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Yard Area	X	Electric Duct Banks in ground	10,000 square feet	X	X	X	X

Name of Reg. Waste Hauler Waste Management of New Jersey	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 200	Name of Reg. Landfill Tullytown Resource Recovery
City, State Elizabeth, NJ 07114-2436		Disp. Date Jan-Dec 2014	City, State Tullytown, PA 19007

Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 1/7/14
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 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 01/07/14		Name of Building Owner/Operator (2) Hamilton Township School District	
Agencies Notified	Type Notification	Street Address 90 Park Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Hamilton, NJ 08690	
<input checked="" type="checkbox"/> DEP		Name of Contact John Miranda	
<input checked="" type="checkbox"/> DOL		Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kuser Elementary School			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 70 Newkirk Avenue			Square Feet 50,000	# of Floors 2	Bldg. Age 90
City (5) Hamilton, NJ 08629	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 000127	Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 307 North Walnut Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Matt Abraham		Telephone Number 610-431-7545	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 01/17/14	Sched. Completion Date (11) 01/22/14		Name of OSHA Monitor Four Strong Builders, 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 180 Sargeant Avenue		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			City, State, Zip Code Clifton, NJ 07013		
			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

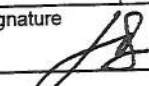
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	M	O	V	A			
Classroom 204		<input checked="" type="checkbox"/>		Floor Tile and Mastic	770 SF	<input checked="" type="checkbox"/>								

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ			Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 		Date 1/7/14

CK 000115

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

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Date of Notification (1) 01-06-14		Name of Building Owner/Operator (2) Kevin Harris								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 13 Yorktown Terrace							
			City, State, Zip Code Livingston NJ 07309							
			Name of Contact Kevin Harris							
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Kevin Harris		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 13 Yorktown Terrace		Square Feet	# of Floors							
City (5) Livingston		Bldg. Age								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC								
Street Address		Street Address 522 7th Street								
City, State, Zip Code		City, State, Zip Code Union City NJ 07087								
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206							
Start Date (10) 01-07-14	Scheduled Completion Date (11) 01-08-14	Name of OSHA Monitor Delfa 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 522 7th Street								
		City, State, Zip Code Union City NJ 07087								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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	
Basement		X		VAT	80 SF	X				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City NJ 07087		Disposal Date 01-10-14		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager		Signature 				Date 01-06-14		

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

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

Check # 9354

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) January 9, 2014		Name of Building Owner / Operator (2) Caldwell 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 Emergency <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 104 Gray Street	
		City, State & Zip Code West Caldwell, NJ 07006	
		Name of Contact Frank Ennis	Telephone Number

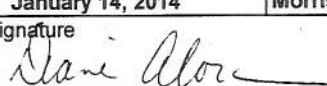
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grover Cleveland Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 36 Academy Road		Square Feet 100,000	# of Floors 3
City (5) Caldwell		Bldg. Age 50	
County (6) Essex		Current Use (Prior if being demolished) School	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	Telephone Number 609-296-6916
License Number 00817			
Scheduled Start Date (10) January 11, 2014	Scheduled Completion Date (11) January 13, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 1 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Rooms 104 and 204		X		Wall Plaster	2 - 5 SF		X			

Name of Registered Waste Hauler - Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date January 14, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Exec. Administrator	Signature 	Date January 9, 2014

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

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)**

Check # 9354

Date of Notification (1) January 8, 2014		Name of Building Owner / Operator (2) Caldwell 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 Emergency <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 104 Gray Street	<div style="border: 1px solid black; padding: 5px;"> <p align="center">APPROVED</p> <p align="center">NJ Dept. of Health & Senior Services</p> <p align="center"><i>Paul C. Homer</i></p> <p align="center">(signature)</p> <p>Date: 1/9/14 Time: 2:51 PM</p> </div>
		City, State & Zip Code West Caldwell, NJ 07006	
		Name of Contact Frank Ennis	Telephone Number [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grover Cleveland Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 98 Academy Road		Square Feet 100,000	# of Floors 3
City (5) Caldwell		Bldg. Age 50	Current Use (Prior if being demolished) School
County (6) Essex	County Code (7) USE ONLY		
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Brian Nametz		Telephone Number 908-686-2636	Telephone Number 609-296-8918
Scheduled Start Date (10) January 11, 2014		Scheduled Completion Date (11) January 13, 2014	License Number 00817
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 1 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 100 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate/Enclosure
Rooms 104 and 204		X		Wall Plaster	2 - 5 SF		X	

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date January 14, 2014	City, State Morrisville, PA	
Completed By Diana Aloia	Title Exec. Administrator	Signature <i>Diana Aloia</i>	Date January 9, 2014

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

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

MD
214 02 60395 1

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ASBESTOS CONTROL & LICENSURE

Date of Notification (1) 1/06/14		Name of Building Owner/Operator (2) Manuek Perez	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 203-205 Devon Street	
		City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Manuek Perez	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 203-205 Devon Street		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Kearny	County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.		
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675	

Start Date (10) 1/20/14	Scheduled Completion Date (11) 1/21/14	Name of OSHA Monitor D&S Abatement, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue		
		City, State, Zip Code Totowa, NJ 07512		

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 type="checkbox"/> Demolition	<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) In Facility (13) <u>TO BE ABATED</u>	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	310 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA	
Completed by Deanna Brkusanin	Title Project Manager	Signature 	Date 1/06/14	

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

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MO
 214 805 26414

Date of Notification (1) 1/08/14		Name of Building Owner/Operator (2) Percy Bramble							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Ridgewood Avenue						
			City, State, Zip Code Glen Ridge, NJ 07028						
		Name of Contact Percy Bramble							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Ridgewood Avenue		Square Feet N/A	# of Floors N/A						
City (5) Glen Ridge		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 1/22/14	Scheduled Completion Date (11) 1/23/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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	Enclosure
basement		X		pipe insulation	40 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20096	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusnin		Title Project Manager	Signature <i>Deanna Brkusnin</i>			Date 1/08/14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:27)

Emergency Notification

MOH21382889387

RECEIVED
 2014 JAN 14 AM 9:24
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)
 01 / 08 / 14

Name of Building Owner/Operator (2)
Andre King

Street Address
 26 Twig Lane
 City, State, Zip Code
Willingboro, NJ 08046

Telephone Number

Agenies Notified
 EPA
 DOLWD
 DHSS
 DCA (NJAC 5:23-8)

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

APPROVED
 NJ Dept of Health & Senior Services
 (signature) *Michael E. Holmer*
 Date: 1/8/14 Time: 8:24 AM

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

Street Address
26 Twig Lane

City (5)
Willingboro, NJ 08046

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-1 2)
 Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm Telephone No.
973-638-1777

License No.
01127

Start Date (10)
 01 / 09 / 14

Scheduled Completion Date (11)
 01 / 10 / 14

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code
Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM

Scope of Work (Check all that apply)

>3 sf or >3 lf
 > 160 sf or >260 lf

Renovation
 Demolition

Clean up and decontamination with negative pressure
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure Tent with Negative Pressure
 Non-Exempted (*) and Non-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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside siding-rear of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining, family, laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tiles	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Gr Tech LLC

City, State
Wayne, NJ 07470

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.R.F. Inc

City, State
Tullytown, PA

Disposal Date
TBD

Completed By (Print or Type)
N. Jevic

Title
Owner

Signature
N. Jevic

Date
01/08/2014

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

CH# 1074
RECEIVED
JAN 14 AM 9:28
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/9/14		Name of Building Owner/Operator (2) RIVERVIEW GARDENS					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 GARDEN TERR					
		City, State, Zip Code NO. ARLINGTON N.J.					
		Name of Contact MR J. BELLER					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BLD #1 APT 1L		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		Square Feet 800	# of Floors 2				
City (5) NO. ARLINGTON		Bldg. Age 80	Current Use (Prior if being demolished) RESIDENT				
County (6) BERGEN		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC					
Street Address		Street Address P.O. Box 814					
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857					
Project Manager for Monitoring Firm		Telephone No. 732 238-7500	License No. 00806				
Start Date (10) 1/10/14	Scheduled Completion Date (11) 2/10/14	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					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code OLD BRIDGE N.J. 08857					
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Grabbag 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
INSIDE APT 1L		X	PIPE INSULATION	< 60 LF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE N.J. 08857		Disposal Date 2/10/14	City, State HARRISVILLE P.A.				
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature <i>[Signature]</i>			Date 1/9/14	

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

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

MO#21382889398

RECEIVED
2014 JAN 14 AM 9:27
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01 / 09 / 14		Name of Building Owner/Operator (2) Heston Roberts	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 62 Eastgate Ln. City, State, Zip Code Willingboro, NJ 08046	
		Name of Contact Kevin Matis	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 62 Eastgate Ln.		Square Feet	# of Floors
City (5) Willingboro, NJ 08046		Bldg. Age	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 01 / 18 / 14	Scheduled Completion Date (11) 01 / 19 / 14	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	<input type="checkbox"/> Tent with Negative Pressure
<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 checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite siding	650 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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 01/09/2014

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

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

B & G proj. #: 2014-03

Check # 6354

Date of Notification (1) <u>01/10/14</u>		Name of Building Owner/Operator (2) Verna McKay	
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 125 Chestnut Avenue	
		City, State, Zip Code Bernardsville, NJ 07924	
		Name of Contact Scott McKay	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Verna McKay			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 125 Chestnut Avenue			Square Feet		
City (5) Bernardsville, NJ 07924			County (6) Somerset		County Code (7) (State use only)
Current Use (Prior if being demolished) residential			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address	Street Address		
City, State, Zip Code		City, State, Zip Code	City, State, Zip Code		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 01/20/2014		Sched. Completion Date (11) 01/21/2014			
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:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

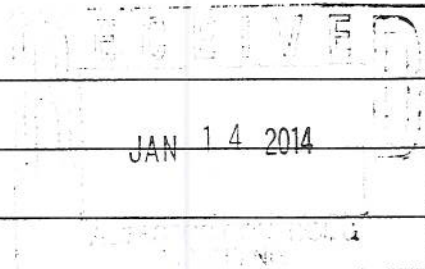
Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> 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						
Garage			X	pipe insulation	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ 07035		Disposal Date 01/21/2014		City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>			Date 01/10/2014

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



Date of Notification (1) 01-13-14		Name of Building Owner/Operator (2) Viking Plumbing	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 107 Columbus Pl.
			City, State, Zip Code Roselle Park, NJ, 07204
			Name of Contact Troy Malko

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Viking Plumbing		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 107 Columbus Pl		Square Feet 600	# of Floors 1
City (5) Roselle Park		Bldg. Age 75+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries	
Street Address		Street Address 144 Mill St		
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07501		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652	License No. 1183

Start Date (10) 01-24-14	Scheduled Completion Date (11) 02-24-14	Name of OSHA Monitor Indian Arrow Industries	
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 144 Mill St	
		City, State, Zip Code Paterson, NJ, 07501	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roofing ACM	600	x			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management Inc	
City, State Wayne, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Goran J. Igev		Title Secretary	Signature		Date 01-11-14

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

Date of Notification (1) 01-13-14		Name of Building Owner/Operator (2) Ron Jacobson	
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 725 Rahway Ave	
		City, State, Zip Code Elizabeth, NJ, 07202	
		Name of Contact Ron Jacobson	

JAN 14 2014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jacobson Distributing Co		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 725 Rahway Ave		Square Feet 2000	# of Floors 2
City (5) Elizabeth		Bldg. Age 65	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries	
Street Address		Street Address 144 Mill St		
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07501		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652	License No. 1183

Start Date (10) 01-25-14	Scheduled Completion Date (11) 02-25-14	Name of OSHA Monitor Indian Arrow Industries	
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 144 Mill St	
		City, State, Zip Code Paterson, NJ, 07501	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space		x		TSA Pipe Insulation	720	x			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management Inc	
City, State Wayne, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Goran J. Igev		Title Secretary	Signature		Date 01-11-14