

B & G Proj. #: 2014-08

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)
E.MERGENCY * NO HEAT**
2014 JAN 17 AM 9:45

DOL 10 DAY
Check #0368

Date of Notification (1) 01/11/14		Name of Building Owner/Operator (2) Julie Cordero	
Agencies Notified	Type Notification	Street Address 11 North 16th Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Prospect Park, NJ 07508	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Julie Cordero	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

WAIVER APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Julie Cordero			Type of Facility (4)		
Street Address 11 North 16th Street			<input type="checkbox"/> School (K-12)		
City (5) Prospect Park			<input type="checkbox"/> Subchapter S (Other than K-12)		
County (6) Passaic			<input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Home, etc.)		
County Code (7) (State use only)			Square Feet		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			# of Floors		
ASCM No.			Bldg. Age		
Street Address			Current Use (Prior if being demolished) residential		
City, State, Zip Code			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Project Manager for Monitoring Firm			Street Address 105 Ryerson Road		
Phone Number			City, State, Zip Code Lincoln Park, NJ 07035		
Scheduled Start Date (10) 01/14/2014			Telephone Number 973-696-6869		
Sched. Completion Date (11) 01/15/2014			Licensee Number 0378		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor B & G Restoration, Inc.		
<input checked="" type="checkbox"/> Facility closed/Vacated during entire period of abatement.			Street Address 105 Ryerson Road		
<input type="checkbox"/> Abatement performed outside of normal facility hours.			City, State, Zip Code Lincoln Park, NJ 07035		
Describe:					
<input type="checkbox"/> Other-Describe:					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/no active pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >1 of or >1 ft	<input type="checkbox"/> ≥150 sf or ≥250 ft	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-friskle 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						
Basement			X	pipe insulation	21 ft	<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.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 3/4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 01/15/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/08/2014

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

CHECK # 1805

RECEIVED
2014 JAN 17 AM 9:43
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01 / 13 / 14		Name of Building Owner/Operator (2) Roberto Hernandez							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 641 2nd Avenue		City, State, Zip Code Elizabeth, NJ 07202							
Name of Contact Roberto Hernandez		Telephone Number _____							
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 641 2nd Avenue		Square Feet	# of Floors						
City (5) Elizabeth, NJ 07202		Bldg. Age							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Union									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 01 / 13 / 14		Scheduled Completion Date (11) 01 / 14 / 14	Wayne, NJ 07470						
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		Telephone No. 973-638-1777 Name of OSHA Monitor Envirovision Consultants, Inc 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 type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>Roberto Hernandez</i>				Date 01/13/2014	

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

CHECK # 1090

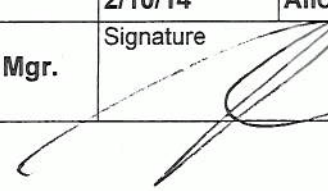
Date of Notification (1) 1-09-14		Name of Building Owner / Operator (2) NJ DOT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH. <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1035 Parkway City, State & Zip Code Trenton, NJ 08625 Name of Contact Steve Ruge	
		Telephone Number	

2014 JAN 17 AM 9:43
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) S.J. Regional Airport Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Fostertown Road		Square Feet Multi Bldgs.	# of Floors 2
City (5) Lumberton		Bldg. Age Over 40 yrs.	
County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Old farm - closed	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Mid Atlantic Abatement, LLC
Street Address		Street Address PO Box 1314	
City, State & Zip Code		City, State & Zip Code Cherry Hill, NJ 08003	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-567-0950	License Number 01187
Scheduled Start Date (10) 1-19-14	Scheduled Completion Date (11) 1-31-14	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

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 checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures	
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
See attached summary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See attached summary		<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 Bull Waste & Recycling, LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Salem County Landfill
City, State Berlin, NJ	Disposal Date 2/10/14	City, State Alloway Township, NJ	
Completed By (Print or Type) Theodore S. Budzynski	Title Gen. Mgr.	Signature 	Date 1-09-14

**NJDOT
S.J. REGIONAL AIRPORT
FOSTERTOWN ROAD**

SURVEY SUMMARY

STRUCTURE	LOCATION	TYPE	QUANTITY
Concrete building & wood stalls	Along walls	Transite panel	1,300 sf
Metal barn	Roof	Rolled roofing roof underlayment	1,370 sf 1,370 sf
Small building (between silos)	Outside wall	Windows glaze	4
Block building	Roof & Exterior	Transite shingles Window glaze	400 sf 5
Wood frame barn	Shop -ceiling	Transite panels	650 sf
Frame Bdg. With various pipe	Wash area	Transite panels	1,570 sf
Masonry Bldg. with stucco frame	Bathroom	Linoleum	90 sf
	North, rear & south of parcel	Exterior Stucco	3,480 sf
	Basement	Pipe wrap	35 linear ft
	Pitch roof over front entry	Transite shingles	10 sf
	Perimeter of chimney & flue	Tar	6 sf
	Kitchen, LR, bedrooms (3) & basement	Exterior window caulking	15 windows
Ranch with masonry & stucco	Kitchen, LR, Bedrooms (2), hallway & bath	Compound associated with drywall	4,000 sf
	Perimeter of chimney on shed and seams on awning at rear	Tar with caulk	20 sf
	Shed roof	Gray rolled roofing with tar	70 sf
	Shed roof - bottom layer	Rolled roofing with tar	70 sf
Frame barn	Between stalls	Transite panels	3,000 sf
	Roof, loose pieces on fround & roof	Transite shingles	4,000 sf
Frame house	Bathroom #1	Tan marbled linoleum	40 sf
	Basement	Flue packing	5 sf
	Basement	Air cell pipe insulation	360 linear ft.
	Porch, front of bldg..	Transit siding	5,240 sf
	Underneath transite siding, front of building	Siding underlayment	5,240 sf

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 2011 JAN 17 AM 9:43
 BESTOS CONTROL
 & LICENSING

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

CK#23733

RECEIVED
2014 JAN 17 AM 9:42
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/15/2014			Name of Building Owner/Operator (2) Current Demolition & Disposal Corp. (owners rep)						
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 93 Route 539 City, State, Zip Code Allentown, NJ 08501 Name of Contact Matt Lucas					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCES				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)					
Street Address 312 & 314 E. UNION STREET				Square Feet					
City (5) BURLINGTON CITY, NJ 08016				# of Floors Bldg. Age					
County 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) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address		Street Address 15 BLACK FOREST ROAD							
		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm		Telephone No.		License No. 00676					
Start Date (10) 1/14/2014		Scheduled Completion Date (11) 1/15/2014		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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		<input checked="" type="checkbox"/>		PIPE INSULATION	50 L.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079		Cubic Yards of Waste 1 YD.	Name of Registered Landfill GROWS				
City, State WEST CREEK, NJ				Disposal Date 1/17/2014	City, State MORRISVILLE, PA.				
Completed By DAVID D'ANDREA		Title PRESIDENT		Signature <i>David D'Andrea</i>			Date 1/15/2014		

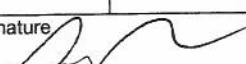
ASB-41

* 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)

CK 2431

RECEIVED
2014 JAN 17 AM 9:41
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/15/14		Name of Building Owner/Operator (2) SCOTT GALLOWAY							
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 25 S. FINLEY AVE.							
		City, State, Zip Code BASKING RIDGE, NJ 07920							
		Name of Contact SCOTT GALLOWAY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 25 S. FINLEY AVE.		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.)							
City (5) BASKING RIDGE		Square Feet 2500	# of Floors 3						
County (6) SOMERSET		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RETAIL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 01/29/14	Scheduled Completion Date (11) 01/30/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT	X			PIPE INSULATION	80 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 01/27/14	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 01/15/14			

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

Post Form
RECEIVED
2014 JAN 17 AM 9:40
ASBESTOS CONTROL
LICENSING
CK# 2057

Date of Notification (1) 1/15/14		Name of Building Owner/Operator (2) Edward + Leslie Rowers					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 258 Riverside Dr. 2B					
		City, State, Zip Code New York, NY 10025					
		Name of Contact Ryan					
Telephone Number							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Powers 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 115 New Jersey Ave		Square Feet 900					
City (5) Lavallette		# of Floors 1					
County (6) Ocean		Bldg. Age 50+					
County Code (7) Ocean		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc					
City, State, Zip Code		Street Address 95 Montrose Rd.					
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey 07722					
Telephone No.		Telephone No. 732 294 1757					
Start Date (10) 1-28-14		License No. 00029					
Scheduled Completion Date (11) 1-31-14		Name of OSHA Monitor					
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: 7am-7pm		Street Address					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 900 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Outdoor garage		siding		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S			
City, State Colts Neck, New Jersey		Disposal Date 1-31-14		City, State Tullytown, PA			
Completed by George Wuest		Title President		Signature George Wuest		Date 1/15/14	

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

CK# 2217

Date of Notification (1) 1/15/14		Name of Building Owner/Operator (2) William Meyers Jr.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 97 Cotswold Circle	
		City, State, Zip Code Ocean, New Jersey 07718	
		Name of Contact Ryan	Telephone Number _____

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Meyers 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 611 Fernmere Ave	
City (5) Interlaken, NJ	Square Feet 1200
County (6) Monmouth	# of Floors 1
County Code (7) Monmouth	Bldg. Age 50+
Current Use (Prior if being demolished) Res. Once	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.
Street Address		Street Address 95 Montrose Road
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-294-1757
		License No. 00029
Start Date (10) 1-24-14	Scheduled Completion Date (11) 1-27-14	Name of OSHA Monitor
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: 7am-7pm		Street Address
		City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
indoor basement			X	pipe wrap	152 LF	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill IESE
City, State Colts Neck, New Jersey	Disposal Date 1-27-14	City, State Bethlehem, Pa	
Completed by George Wuest	Title President	Signature <i>George Wuest</i>	Date 1/15/14

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

CK# 2217

Date of Notification (1) 1/15/14		Name of Building Owner/Operator (2) Township of Neptune Sewer Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 765	
		City, State, Zip Code Neptune, New Jersey 07755	
		Name of Contact Ryan	Telephone Number 732 294 1757

Name of Facility Where Abatement is Taking Place (3) Township of Neptune Sewer Authority		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 636 Old Carlies Ave		Square Feet 200	# of Floors 1
City (5) Neptune		Bldg. Age 45+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage	

Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address Ace Insulation Co., Inc	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 294 1757	License No. 00029
Start Date (10) 1-24-14	Scheduled Completion Date (11) 1-27-14	Name of OSHA Monitor	
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: 7AM-7PM		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input 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
Outdoor garage			X	Siding	200	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards, of Waste 1	Name of Registered Landfill G.R.O.W.S	
City, State Colts Neck, New Jersey		Disposal Date 1-27-14		City, State Tullytown, PA	
Completed by George Wuest	Title President	Signature <i>George Wuest</i>		Date 1/15/14	

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

asbestos under the vinyl

No check

Date of Notification (1) January 14, 2014		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified	Type of Notification	Street Address 128 Bartlett Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code West Creek, NJ 08092	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Joyce	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Cancellation	Telephone Number _____	

original sent with check 23435

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ASBESTOS LICENSING

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1816 Waverly Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Long Beach Twp.			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Ocean		
County Code (7) (STATE USE ONLY)			Square feet 2056 sf	# of Floors 1	Bldg. Age 69
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 1/10/14		Scheduled Completion Date (11) 1/14/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
			<input type="checkbox"/> >3 sf or ≥3 lf <input 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 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1500 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 1/15/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 1/14/2014		

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

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

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ASBESTOS CONTROL & LICENSING

Date of Notice 12/23/13 Type Notification		Name of Building Owner / Operator (2) Mary Rodriguez		
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	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 4 David Street		
		City, State & Zip Code South River, NJ 08882		
		Name of Contact Mary Rodriguez		Telephone Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
4 David Street		Square Feet 2,000	# of Floors 2	Bldg. Age 60
City (5) South River	County (6) Middlesex	County Code (7)		
		Current Use (Prior if being demolished) Home		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address		Street Address 443 Schoolhouse Road		
City, State & Zip Code		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm		Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/23/13		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Renovation Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	110 LF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 12/23/13		City, State Tullytown, Pa
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 12/23/13

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

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LICENSING

Date of Notification (1) 1/10/14		Name of Building Owner/Operator (2) ALPINE LEARNING GROUP	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 777 PARAMUS RD	
		City, State, Zip Code PARAMUS . NJ. 07652	
		Name of Contact G. PURCELL	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ALPINE LEARNING GROUP, INC		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 830 LINWOOD AVE WEST		Square Feet 7500	# of Floors 3
City (5) PARAMUS		Bldg. Age 113 YEARS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Telephone No.		201-329-7444 00388	
Start Date (10) 1-6-2014	Scheduled Completion Date (11) 1/17/14	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code South Hackensack, N.J. 07606	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1 FLOOR / RISER			THERMAL SYSTEM INSULATION
			60 LF
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 CY
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises	
Disposal Date 1/17/14		City, State Waynesburg, Oh	
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 1/10/2014

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:129)**

check 4839

Date of Notification (1) 12-24-2013		Name of Building Owner/Operator (2) ALPINE LEARNING GROUP, INC.						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 777 PARAMUS ROAD						
		City, State, Zip Code PARAMUS, NJ 07652						
		Name of Contact G. PURCELL	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ALPINE LEARNING GROUP, INC.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (e.g. private & commercial buildings, homes, etc.)						
Street Address 830 LINWOOD AVENUE WEST		Square Feet 7500	# of Floors 3					
City (5) PARAMUS		Bldg. Age 113 years						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address Best Removal Inc						
City, State, Zip Code		City, State, Zip Code 450 S. River St						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 1-6-2014	Scheduled Completion Date (11) 1-17-2014	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 5 PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> 2 SF or less <input type="checkbox"/> 100 or more SF		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fixable 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) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT			X	VAT + MASTIC	400 SF	X		
BASEMENT CRAWL PIPE CHASE			X	THERMAL INSULATION	500 LF	X		
KITCHEN			X	LINOLEUM	300 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 7 YDS	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 1-17-14	City, State Waynesburg, Oh					
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 12-24-2013					

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/14/14		Name of Building Owner/Operator (2) MR. KUJAWSKI	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 295 BALDWIN AVE	
		City, State, Zip Code NEW MILFORD, NJ 07646	
		Name of Contact MR. DENNIS	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. KUJAWSKI		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 295 BALDWIN AVE		Square Feet 2200	# of Floors 2
City (5) NEW MILFORD		Bldg. Age 1935	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 1/21/14		Scheduled Completion Date (11) 1/22/14	
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: 7AM TO 5PM		Name of OSHA Monitor Omega Environmental Inc	
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"/> 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)
	Yes	No	
BASEMENT		X	THERMAL SYSTEMS INSULATION
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11/207
City, State Hackensack, N.J. 07601		Disposal Date 1/22/14	Name of Registered Landfill Minerva Enterprises
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>
			Date 1/14/14

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/09/14		Name of Building Owner/Operator (2) Hackettstown Board of Education	
Agencies Notified	Notification Type	Street Address 601 Willow Grove Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Hackettstown, NJ 07840	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended # _____	Name of Contact Mr. Ron Marinelli	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Willow Grove Elementary 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, homes, etc.)	
Street Address 601 Willow Grove Street			
City (5) Hackettstown	County (6) Warren	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		Name of Contractor (9) MTM Metro Corporation	
ASCN No. 00127			
Street Address 307 N Walnut Street		Street Address 135-137 McBride Avenue	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Paul McCaa	Telephone Number 610-431-7545	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 1/10/14	Scheduled Completion Date (11) 1/12/14	Name of OSHA Monitor MTM Metro Corporation	
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: unoccupied		Street Address 135-137 McBride Avenue City, State, Zip Code Paterson, NJ 07501	
Source 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 1483 500
Main Office		Tile Mastic	
Main Office		VAT	
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 10
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown, PA	
Disp. Date 1/13/14		City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov	Title Business Administrator	Signature Elizabeth Maslarkov	Date 1/09/14

ASB-41

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:12) *6436*


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JAN 17 AM 9:26

Date of Notice 1/10/14 Type Notification		Name of Building Owner / Operator (2) 343 East 7th Avenue Trust		
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	Emergency Notification	Street Address 319 Queen Anne Road		
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Teaneck, NJ 07666		
	Amended Notification	Name of Contact Cory Beckwith		Telephone Number
	Cancellation			
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
343 East 7th Ave		Square Feet 2,000	# of Floors 2	Bldg. Age 60
City (5) Roselle	County (6) Union	County Code (7)		
		Current Use (Prior if being demolished) Home		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address		Street Address 443 Schoolhouse Road		
City, State & Zip Code		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm		Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 1/21/14	Scheduled Completion Date (11) 1/22/14		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure		
Large Project <input type="checkbox"/>		Mini-Enclosure		
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure		
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	7 LF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 1	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 1/22/14	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 1/10/14

01/09/2017 12:35PM FAX

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 26:27 and 12:129)

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 2014 JAN 17 PM 12:40
 ASBESTOS CONTROL
 & LICENSING DIVISION
 00003/0004

Date of Notification (1) 01/09/2014		Name of Building Owner/Operator (2) Passaic County Building & Grounds					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" 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 317 Pennsylvania Ave City, State, Zip Code Paterson, NJ 07503 Name of Contact Mr. Jack Nigro					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 71 Hamilton Street		Square Feet 30000 SF	# of Floors 4				
City (5) Paterson		Bldg. Age 60+					
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Pilot if being demolished) Courthouse					
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering Services Inc		ASCM No. 00099	Name of Abatement Contractor (9) DIA General Construction, Inc.				
Street Address River Drive Center One, 4th Floor		Street Address 1380 Clifton Avenue, PMB Suite 218					
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Clifton, NJ 07012					
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900 H 4566	Telephone No. 973-389-0089				
Start Date (10) 01/10/2014		Scheduled Completion Date (11) 01/13/2014	Licenses No. 000823				
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 DIA General Construction, Inc.					
Street Address 1380 Clifton Avenue, PMB Suite 218		City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 of or >3 lf <input type="checkbox"/> >100 of or >200 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> OSHA Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
First floor Room 100	X	Pipe Joints	4 LF	X			
First floor Room 146	X	Pipe Joints	3.5 LF	X			
Ground floor Room 17	X	Pipe Joints	6 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJ DEP Waste Hauler ID No. 20970	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 01/13/2014	City, State Waynesburg, OH 44688				
Completed By Krutarth Jagad		Title President	Signature 	Date 01/10/2014			

ASBP-1

* Do not use this form for asbestos hazardous materials.

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>12/27/2013</u>		Name of Building Owner/Operator (2) <u>Republic Property Company, Inc</u>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>4392 Peachtree Road NE</u>							
		City, State, Zip Code <u>Atlanta, Georgia 30319</u>							
		Name of Contact <u>Seth Morris</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Proposed Restaurant Depot Facility</u>		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 & commercial buildings, homes, etc.)							
Street Address <u>1760 Durham Road</u>		Square Feet <u>100,000 SF</u>	# of Floors <u>Single Story</u>						
City (5) <u>South Plainfield</u>		Bldg. Age <u>50+</u>							
County (6) <u>Middlesex County</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Commercial office/warehouse space</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. <u>N/A</u>	Name of Abatement Contractor (9) <u>Valiant Associates, LLC</u>							
Street Address _____		Street Address <u>145 Mill Street</u>							
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07501</u>							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>973-553-5374</u>	License No. <u>01108</u>						
Start Date (10) <u>01/08/2014</u>	Scheduled Completion Date (11) <u>02/08/2014</u>	Name of OSHA Monitor <u>Valiant Associates, LLC</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 <input type="checkbox"/> Other - Describe: _____		Street Address <u>145 Mill Street</u>							
		City, State, Zip Code <u>Paterson, NJ 07501</u>							
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"/> Govebag 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
Office area in DHL building			X	ACM Black floor mastic	6,200 SF	X			
Office area in DHL building			X	12"x12" White Floor Tiles	60 SF	X			
Southern DHL Facade			X	ACM Transite Panels	2,000 SF	X			
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20970</u>	Cubic Yards of Waste <u>35</u>	Name of Registered Landfill <u>Minerva Landfill</u>					
City, State <u>New Castle, DE</u>		Disposal Date <u>02/08/2014</u>		City, State <u>Waynesburg, OH 44688</u>					
Completed By <u>Miodrag Stamenovic</u>	Title <u>Project Manager</u>	Signature <u>Miodrag Stamenovic</u>				Date <u>01/13/2014</u>			

List of Asbestos Containing Materials to be Removed from the Following Location

Note : Is location normally used by maintenance/custodial : N/A

**Proposed Restaurant Depot Facility
1760 Durham Rd., South Plainfield NJ.**

Location of ACM to abated in facility	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Perimeter roof	Roof flashing	1200 SF
2 Canopies on west side loading dock areas	Built-up roof	960 SF

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CK 096011

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

2014 JAN 17 PM 12:39
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/13/14		Name of Building Owner/Operator (2) KAMPAK						
Agency/Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Frontage Road						
		City, State, Zip Code NEWARK, NJ 07114						
		Name of Contact Stephen Berncy	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) KAMPAK		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 100 Frontage Road		Square Feet 157000	# of Floors 1					
City (5) NEWARK		Bldg. Age 56						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing						
Name of Monitoring Firm Hired by Building Owner (8) EHT	ASCM No.	Name of Abatement Contractor (9) JW Heritage Const. Services						
Street Address 655 West Stone Trail		Street Address P.O. Box 372						
City, State, Zip Code Sparta, New Jersey		City, State, Zip Code HACKETTSTOWN, NJ						
Project Manager for Monitoring Firm Bill Kerbel	Telephone No.	Telephone No. 908-451-3355	License No. 00768					
Start Date (10) 1/15/14	Scheduled Completion Date (11) 1/17/14	Name of OSHA Monitor EHT						
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: Regular Hours		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Boiler Room	<input checked="" type="checkbox"/>			TSI	60 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 14273	Cubic Yards of Waste 40	Name of Registered Landfill 620WS				
City, State Ewing, NJ			Disposal Date 1/20/14	City, State Monroeville PA				
Completed by TOTEN WASHAM		Title President	Signature <i>[Signature]</i>	Date 1/13/14				

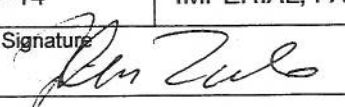
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1-14-14		Name of Building Owner/Operator (2) MICHAEL DINOVI	
Agencies Notified	Type Notification	Street Address 335 HARVARD DR	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WENONAH, NJ 08090	
		Name of Contact MICHAEL DINOVI	

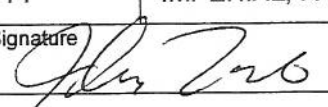
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 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RES. 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 333 HARVARD DR		Square Feet 2000	# of Floors 2
City (5) WENONAH		Bldg. Age 45	
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) NA	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL
Street Address		Street Address 570 CLEMS RUN	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm		Telephone No. 610-304-4676	License No. 01145
Start Date (10) 1-27-14	Scheduled Completion Date (11) 2-27-14	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 200 RT 130 NORTH	
		City, State, Zip Code CINNAMINSON	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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
1ST FLOOR			X	VAT	600 SF	X			
1ST FLOOR			X	MASTIC	600 SF	X			
1ST AND 2ND FLOOR				HEPA VAC WET WIPE	2000 SF	X			

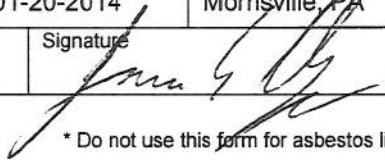
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 2-27-14		City, State IMPERIAL, PA	
Completed by JOHN ZUMBO		Title PRESIDENT	Signature 	Date 1-14-14	

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

Date of Notification (1) 1-14-14		Name of Building Owner/Operator (2) COMPREHENSIVE PROPERTY MANAGEMENT			
Agencies Notified		Type Notification		Street Address 600 BERLIN CROSSKEYS ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code SICKLERVILLE NJ 08081	
				Name of Contact JOHN ZUMBO	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RES. HOUSE				Type of Facility (4)	
Street Address 571 Berlin Cross Keys Road				<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) SICKLERVILLE NJ 08081				Square Feet 2000	# of Floors 2
				Bldg. Age 45	
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) NA	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL	
Street Address		Street Address 570 CLEMS RUN			
City, State, Zip Code		City, State, Zip Code MULLICA HILL NJ 08062			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 610-304-4676	License No. 01145
Start Date (10) 1-24-14		Scheduled Completion Date (11) 1-26-14		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT 130 NORTH	
<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 CINNAMINSON	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
OUT SIDE SIDING			X	SIDING	2000 SF
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL
City, State MULLICA HILL NJ		Disposal Date 1-29-14		City, State IMPERIAL, PA	
Completed by JOHN ZUMBO		Title PRESIDENT		Signature 	Date 1-14-14


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

No check

Date of Notification (1) 01/13/2014		Name of Building Owner/Operator (2) New Jersey Institute of Technology							
Agencies Notified	Type Notification	Street Address 323 Dr. Martin Luther King Jr. Blvd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Mr. Joseph Meyers	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT-ME Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Central Avenue		Square Feet 75,000	# of Floors 3						
City (5) Newark		Bldg. Age 50 Years							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. 00117	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 318 12th Street		Street Address 494 E. 41 Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone No. 609-704-8850	Telephone No. 973-345-0022						
License No. 00507									
Start Date (10) January 2, 2014	Scheduled Completion Date (11) January 30, 2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Room 119		X		Floor Tile	2,000 SF	X			
Room 119		X		Wall Plaster	600 SF	X			
Corridor adjacent to Rm. 119		X		Wall Plaster	600 SF	X			
Room 119		X		Wall Plaster	2,000 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13206		Cubic Yards of Waste 50 Cyd's	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Freehold, NJ		Disposal Date 01-20-2014		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 		Date 01/13/2014			

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

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2014 JAN 17 PM 12:35
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>1</u> / <u>14</u> / <u>14</u>		Name of Building Owner/Operator (2) KR Collegetown LLC							
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 # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Fayette St., Suite 300							
		City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact David Sochacki	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former ACME		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 731 N. Delsea Dr.		Square Feet 40,000	# of Floors 1						
City (5) Glassboro, NJ 08028		Bldg. Age 43							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) AET	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-891-0114	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) <u>1</u> / <u>30</u> / <u>14</u>	Scheduled Completion Date (11) <u>2</u> / <u>21</u> / <u>14</u>	Name of OSHA Monitor AET							
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>7</u> AM- <u>3:30</u> PM- <u> </u> AM		Street Address 28 N. Pennell Road							
		City, State, Zip Code Media, PA 19063							
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"/> 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) 32,000	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile Mastic		<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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 45	Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 				Date 1/14/14	

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

Date of Notification (1) <u>1 1 14 1 14</u>		Name of Building Owner/Operator (2) <u>Clinton Township Sewer Authority</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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>79 Beaver ave</u> City, State, Zip Code <u>Clinton NJ 08809</u> Name of Contact <u>Peter Geiger</u> Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>OAK Knolls Easement</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>Lot 57 Block 82.13</u>		Square Feet	# of Floors						
City (5) <u>Clinton</u>		Bldg. Age							
County (6) <u>Hunterdon</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Open field</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>Affiliated Environmental Services Inc</u>							
Street Address		Street Address <u>450 S. River St</u>							
City, State, Zip Code		City, State, Zip Code <u>Hackensack NJ 07601</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-931-0313</u>	License No. <u>01148</u>						
Start Date (10) <u>1 1 21 1 14</u>	Scheduled Completion Date (11) <u>1 1 22 1 14</u>	Name of OSHA Monitor <u>Omega Environmental</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u> <u>* Work is outside in a field</u>		Street Address <u>280 Huyler St.</u> City, State, Zip Code <u>S. Hackensack NJ 07606</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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>OAK Knolls easement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Transite Sewer pipe</u>	<u>12 LF</u>	<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 <u>Express Waste Service LLC</u>		NJDEP Waste Hauler ID No. <u>NJ 804</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Minerva Enterprises Inc.</u>					
City, State <u>Newark NJ</u>		Disposal Date		City, State <u>Waynesburg OHIO</u>					
Completed By (Print or Type) <u>Robert Dombroski</u>		Title <u>VP operations</u>		Signature <u>R. Dombroski</u>		Date <u>1/14/14</u>			

RECEIVED
2014 JAN 17 PM 12:51
ASBESTOS CONTROL & LICENSING

No check

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

RECEIVED
2014 JAN 17 PM 12:48
ASBESTOS CONTROL & LICENSING

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vikining 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)		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 type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

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

Check # 11080

Date of Notification (1) 01 / 15 / 14		Name of Building Owner / Operator (2) First Energy																													
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308 Name of Contact Jim Halsey Telephone Number																													
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		ASBESTOS & LEAD CONTROL 2014 JAN 17 PM 12:46																													
FACILITY INFORMATION																															
Name of Facility Where Abatement is Taking Place (3) Street Address 1 SUNSET ROAD		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.)																													
City (5) MOUNTAIN LAKES	County (6) MORRIS	County Code (7)	Square Feet # Of Floors Building Age Current Use (Prior if being demolished) Telephone Pole																												
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO																													
Street Address 655 West Shore Trail		LVI Demolition Services Inc.																													
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway																													
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036																													
Scheduled Start Date (10) 01 / 28 / 14	Sched. Completion Date (11) 01 / 29 / 14	Telephone Number 973-884-8682	License Number 00860																												
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Monday 8:00 am to 4:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036																													
Scope of Work (Check All That Apply)																															
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																															
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Abatement Type <table border="1" style="width:100%; text-align: center;"> <tr> <td>R</td><td>R</td><td>E</td><td>E</td> </tr> <tr> <td>E</td><td>E</td><td>N</td><td>N</td> </tr> <tr> <td>M</td><td>P</td><td>C</td><td>C</td> </tr> <tr> <td>O</td><td>A</td><td>A</td><td>L</td> </tr> <tr> <td>V</td><td>I</td><td>P</td><td>O</td> </tr> <tr> <td>A</td><td>R</td><td>S</td><td>S</td> </tr> <tr> <td>L</td><td></td><td>U</td><td>U</td> </tr> </table>	R	R	E	E	E	E	N	N	M	P	C	C	O	A	A	L	V	I	P	O	A	R	S	S	L		U	U
R	R	E	E																												
E	E	N	N																												
M	P	C	C																												
O	A	A	L																												
V	I	P	O																												
A	R	S	S																												
L		U	U																												
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Pipe	20 LF																												
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																														
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																														
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																														
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.																												
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105																													
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 01/15/14																												

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

Check # 1681

Date of Notification (1) 01 / 16 / 14		Name of Building Owner / Operator (2) ROBERT WOOD JOHNSON HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 865 STONE STREET		City, State, Zip Code RAHWAY, NJ 07065	
Name of Contact LAUREL HOLDER-NOEL		Telephone Number [REDACTED]	

RECEIVED
 2014 JAN 17 PM 2:45
 ASBESTOS CONTROL
 DIVISION

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ROBERT WOOD JOHNSON HOSPITAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 865 STONE STREET			Square Feet 500,000		
City (5) RAHWAY	County (6) UNION	County Code (7)	# Of Floors 3	Building Age 40+	
Current Use (Prior if being demolished) HOSPITAL					
Name of Monitoring Firm Hired by Bldg. Owner (8) OMEGA ENVIRONMENTAL		ASCM NO.	Name of Abatement Contractor (9) LVI DEMOLITION SERVICES INC.		
Street Address 280 HUYLER STREET			Street Address 32 WILLIAMS PARKWAY		
City, State, Zip Code SO. HACKENSACK, NJ 07606			City, State, Zip Code EAST HANOVER, NJ 07936		
Project Mngr. For Monitoring Firm GEISER FAJARDO		Telephone Number 201-489-8700	Telephone Number 973-884-8682		
Sched. Completion Date (11) 01 / 20 / 14		01 / 30 / 14	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7:00AM-3:30PM			Name of OSHA Monitor LVI DEMOLITION SERVICES INC.		
			Street Address 32 WILLIAMS PARKWAY		
			City, State, Zip Code EAST HANOVER, NJ 07936		

Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
STAIR 5	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAIR 5 - 1ST FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FITTINGS	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA	

Completed by (Print or Type) STEVE STILES	Title PROJECT MANAGER	Signature <i>Steve Stiles</i>	Date 01/16/14
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

No check

Date of Notification (1) January 13, 2014		Name of Building Owner/Operator (2) Elizabeth Housing Authority							
Agencies Notified	Type Notification	Street Address 688 Maple Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>	City, State, Zip Code Elizabeth, New Jersey 07201							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Mike Medeiros	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Housing Authority		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 688 Maple Ave.		Square Feet 200,000	# of Floors 10						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Property Building							
Name of Monitoring Firm Hired by Building Owner (8) Certified Health Safety Service		ASCM No. _____	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 1902 Taylor Lane		Street Address 164 Getty Ave.							
City, State, Zip Code Cinnaminson, New Jersey 08077		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Harry Smith		Telephone No. 856-498-1488	Telephone No. 973-478-4848						
Start Date (10) January 21, 2014		Scheduled Completion Date (11) January 31, 2014	License No. 00724						
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>Monday-Friday 7:00am-3:30pm</u>		Name of OSHA Monitor Slavco Construction Inc.							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 164 Getty Ave.							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Clifton, New Jersey 07011-1802							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			x	Pipe Insulation	9LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>			Date January 13, 2014			

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

RECEIVED
2014 JAN 17 AM 9:46
ASBESTOS CONTROL & LICENSING
13-0757

Date of Notification (1) January 7, 2014		Name of Building Owner/Operator (2) Elizabeth Housing Authority							
Agencies Notified	Type Notification	Street Address 688 Maple Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Elizabeth, New Jersey 07201							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Mike Medeiros							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Housing Authority		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 688 Maple Ave.		Square Feet 200,000	# of Floors 10						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Property Building							
Name of Monitoring Firm Hired by Building Owner (8) Certified Health Safety Service		ASCM No. _____	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 1902 Taylor Lane		Street Address 164 Getty Ave.							
City, State, Zip Code Cinnaminson, New Jersey 08077		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm _____		Telephone No. 856-829-4463	License No. 00724						
Start Date (10) January 17, 2014	Scheduled Completion Date (11) January 31, 2014	Name of OSHA Monitor Slavco Construction 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: Monday-Friday 7:00am-3:30pm		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			x	Pipe Insulation	9LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>	Date January 7, 2014					

State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
EMERGENCY * NO HEAT**

B & G proj. #: 2014-08

Check # 6356

Date of Notification (1) 01/13/14		Name of Building Owner/Operator (2) Julie Cordero	
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 11 North 16th Street	
		City, State, Zip Code Prospect Park, NJ 07508	
		Name of Contact Julie Cordero	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Julie Cordero			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 11 North 16th Street			Square Feet # of Floors Bldg. Age		
City (5) Prospect Park	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
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 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 01/14/2014		Sched. Completion Date (11) 01/15/2014	Name of OSHA Monitor B & G Restoration, 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 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						
basement			X	pipe insulation	21 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3/4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 01/15/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/08/2014