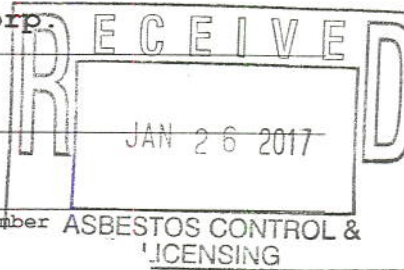


NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) <b>1/19/2017</b>		Name of Building Owner/Operator (2) <b>Homes of Montclair ecumenical corp.</b>	
Agencies Notified	Type Notification	Street Address <b>1 Woodland Ave.</b>	
<input type="checkbox"/> ]EPA	<input checked="" type="checkbox"/> ]Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> ]DEP	<input type="checkbox"/> ]Amended Notification	Name of Contact <b>Deirdre Malloy</b>	Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>
<input checked="" type="checkbox"/> ]DOL	<input type="checkbox"/> ]EMERGENCY		
<input checked="" type="checkbox"/> ]DOH	<input type="checkbox"/> ]Cancellation		
<input type="checkbox"/> ]DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Homes of Montclair ecumenical corp.</b>			Type of Facility (4) <input type="checkbox"/> ]School (K-12) <input type="checkbox"/> ]Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> ]Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>9 Washington Street</b>			Square Feet <b>1400</b>	# of Floors <b>2</b>	Bldg. Age <b>85</b>
City (5) <b>Montclair</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>		
Scheduled Start Date (10) <b>1-28-17</b>	Sched. Completion Date (11) <b>1-30-17</b>		Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> ]Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript» <input type="checkbox"/> ]Other - Describe:«Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Basement			X	Pipe insulation	22LF	X								

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-31-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>1/19/2017</b>	

1.2589

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

RECEIVED  
JAN 26 2017

Date of Notification (1)  
1/20/17

Name of Building Owner/Operator (2)  
Mary Ann Wilson

Agencies Notified:

- EPA
- DEP
- DOL
- DOH
- DCA

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

City, State, Zip Code  
South River, NJ

Name of Contact  
Eric Plackis

08882

ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Street Address

Square Feet  
1200

# of Floors  
2

Bldg. Age  
65

City (5)  
South River

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
Home

County (6)  
Middlesex

ASCM No.

Name of Abatement Contractor (9)  
Brick Industries Inc.

Name of Monitoring Firm Hired by Building Owner (8)

Street Address  
P.O. Box 915

Street Address

City, State, Zip Code  
Brick, New Jersey 08723

City, State, Zip Code

Telephone No.  
(732)899-7499

License No.  
01196

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor

Start Date (10)  
1/21/17

Scheduled Completion Date (11)  
2/13/17

Street Address

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

City, State, Zip Code

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-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	
				Floor tile	60 SF					X
				pipe insulation	160 LF					X

Name of Registered Waste Hauler  
Brick Industries Inc.

NJDEP Waste Hauler ID No.  
21602

Cubic Yards of Waste  
4

Name of Registered Landfill  
GROWS Inc.

City, State  
Brick, New Jersey

Disposal Date  
2/4/17

City, State  
PA

Completed by  
Eric Plackis

Title  
President

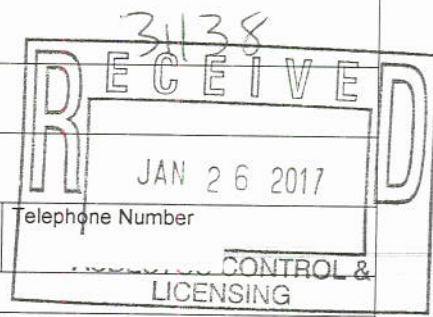
Signature  
E Plackis

Date  
1/20/17

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

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

Date of Notification (1) <u>01</u> / <u>23</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>DNA Demolition</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2156 Camplain Road</b>	
	City, State, Zip Code <b>Hillsborough, NJ 08844</b>		Telephone Number
	Name of Contact <b>Antonio Dimuzio</b>		



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>2000 sf</b>	# of Floors <b>2</b>
City (5) <b>Trenton</b>		Bldg. Age <b>65</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>

Start Date (10) <u>01</u> / <u>24</u> / <u>17</u>	Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>17</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	230 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	18 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 <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>01/27/17</b>	City, State <b>Tullytown, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>1/23/17</b>

NOCK

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

RECEIVED

JAN 26 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>1/4/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-1/20/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>408 Tennent Road</b>
			City, State & Zip Code <b>Morganville, NJ 07751</b>
			Name of Contact <b>ALEX BAYLOR</b>
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>ROBERTSVILLE CENTRAL OFFICE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>408 Tennent Road</b>			Square Feet <b>8762</b>	# of Floors <b>2</b>	Bldg. Age
City (5) <b>Morganville</b>	County (6) <b>MONMOUTH</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>January 18, 2017</b>	Scheduled Completion Date (11) <b>ON HOLD 1/21/17</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>(5:00 PM - 1:30 AM)</b> <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

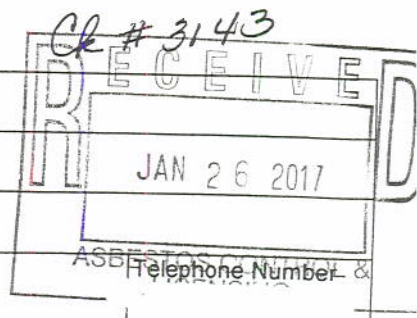
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTINGS	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTINGS	14 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor AHU Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date <b>1/4/17</b>

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



Date of Notification (1) <b>1/4/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>408 Tennent Road</b>	
<input checked="" type="checkbox"/> EPA/1307	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Morganville, NJ 07751</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>ALEX BAYLOR</b>	
<input checked="" type="checkbox"/> DOL/1321	<input type="checkbox"/> Emergency	Telephone Number &	
<input checked="" type="checkbox"/> DOH/1314	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>ROBERTSVILLE CENTRAL OFFICE</b>			Type of Facility (4)		
Street Address <b>408 Tennent Road</b>			<input type="checkbox"/> School (K-12)		
City (5) <b>Morganville</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <b>MONMOUTH</b>		County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Square Feet <b>8762</b>			# of Floors <b>2</b>		Bldg. Age
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>					

Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>January 18, 2017</b>	Scheduled Completion Date (11) <b>January 27, 2017</b>				
Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>					

Occupancy Status During Abatement (Check only one)		Street Address <b>1123 BEAVER STREET</b>			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm					
Describe: <b>(5:00 PM - 1:30 AM)</b>					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

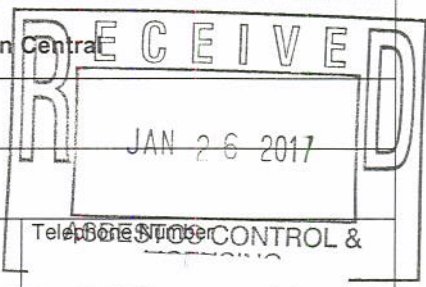
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTINGS	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTINGS	14 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor AHU Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>1/4/17</b>

JK 20009

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

Date of Notification (1) <u>1</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>New Jersey Department of Transportation Central</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1035 Parkway Ave.</b>	
		City, State, Zip Code <b>Trenton NJ. 08625</b>	
		Name of Contact <b>Keith Lurty</b>	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>295 Ramp C&amp;G/D&amp;R Canal and Shipentauken Creek</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Route 1 &amp; I-295</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>
City (5) <b>Lawrence Township</b>		Bldg. Age <b>+/- 70</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Group Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>	
Street Address <b>3 Terri Lane</b>		Street Address <b>8436 Enterprise Avenue</b>		
City, State, Zip Code <b>Burlington NJ.08016</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>		
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-479-8513</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>	

Start Date (10) <u>2</u> / <u>1</u> / <u>17</u>	Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>17</u>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:30</u> PM/ _____PM- _____AM		Street Address <b>8436 Enterprise Avenue</b>		
		City, State, Zip Code <b>Philadelphia, PA 19153</b>		

Scope of Work (Check all that apply)

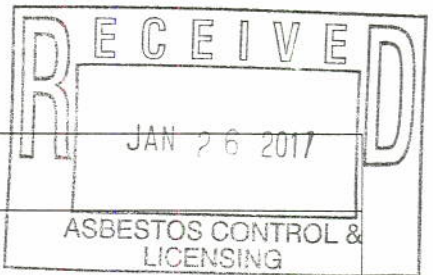
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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
North Side Abutment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor/Moisture Barrier	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Side Abutment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor/Moisture Barrier	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Morrisville, PA</b>		Disposal Date <b>5/1/17</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kevin Meldrum</b>	Title <b>Project Manager</b>	Signature 		Date <b>1-19-17</b>	

CK: 165

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



Date of Notification (1) <u>01</u> / <u>23</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Rio Grande Investors, LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>14 Balligomingo Road</b>	
		City, State, Zip Code <b>Conshohocken, PA 19428</b>	
		Name of Contact <b>Alexandra DeSimone</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>1403 Route 47 South</b>		Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1403 Route 47 South</b>		Square Feet <b>2,100</b>	# of Floors <b>1</b>
City (5) <b>Rio Grande</b>		Bldg. Age <b>20+</b>	
County (6) <b>Cape May County</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant commercial building</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Consulting, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>ELCON Environmental Inc.</b>	
Street Address <b>2002 Renaissance Blvd, Suite 110</b>		Street Address <b>150 Glenwood Drive</b>	
City, State, Zip Code <b>King of Prussia, PA 19406</b>		City, State, Zip Code <b>Washington Crossing, PA 18977</b>	
Project Manager for Monitoring Firm <b>Peter Photopoulos</b>	Telephone No. <b>610-279-7070</b>	Telephone No. <b>267-240-8365</b>	License No. <b>01225</b>

Start Date (10) <u>2</u> / <u>6</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>8</u> / <u>17</u>	Name of OSHA Monitor <b>Same</b>
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM - ___ PM / ___ PM - ___ AM	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

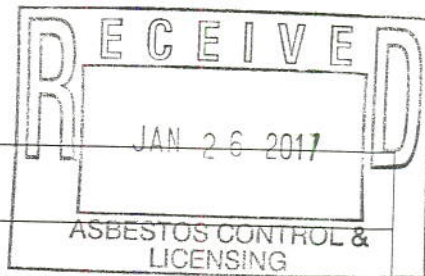
<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> MiniEnclosure
		<input type="checkbox"/> 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	Encapsulation	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing at penetrations	65 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing Sealant at roof edges	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing Sealant at parapet seams	630 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Group</b>	NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>
Completed By (Print or Type) <b>Elizabeth Gosek</b>	Title <b>President</b>	Signature 	Date <b>1-23-17</b>

CK: 1164

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



Date of Notification (1) 01 / 23 / 17		Name of Building Owner/Operator (2) Middletown Shopping Center I LP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 123 Coulter Ave., Suite 200	
		City, State, Zip Code Ardmore, PA 19003	
		Name of Contact WRDC	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Middletown Shopping Center		Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1151 New Jersey 35		Square Feet 50,000	# of Floors 2
City (5) Middletown		Bldg. Age 40+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant commercial retail space	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.	ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc.	
Street Address 2002 Renaissance Blvd, Suite 110		Street Address 150 Glenwood Drive	
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977	
Project Manager for Monitoring Firm Peter Photopoulos	Telephone No. 610-279-7070	Telephone No. 267-240-8365	License No. 01225

Start Date (10) 02 / 07 / 2017	Scheduled Completion Date (11) 03 / 10 / 2017	Name of OSHA Monitor Same	
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
First Floor and basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	14,698 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	flue packing insulation	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	joint compound assoc. w/ drywall	6,770 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor and basement *	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	1,850 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

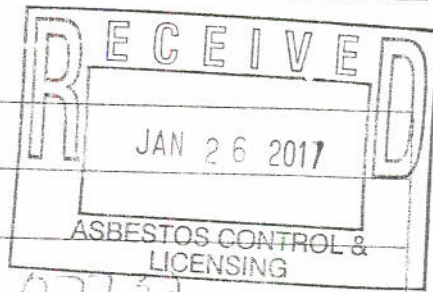
Name of Registered Waste Hauler Service Transport Group	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State New Castle, DE		Disposal Date TBD	City, State Waynesburg, OH
Completed By (Print or Type) Elizabeth Gosek	Title President	Signature <i>Elizabeth Gosek</i>	Date 1-23-17

ASB-41

Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	transite pipie	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:126)



Date of Notification (1) 1/23/17

Name of Building Owner/Operator (2) Jeff Johnson

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

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

Street Address: [REDACTED]

City, State, Zip Code: Leonardo, New Jersey 07737

Name of Contact: Frank

Telephone Number: \_\_\_\_\_

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Johnson Residence

Type of Facility (4):  School (K-12),  Subchapter B (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)

Street Address: [REDACTED]

City, State, Zip Code: Leonardo, NJ 07737

Square Feet: 1500, # of Floors: 1 1/2, Bldg. Age: 120

County (6) Morris, County Code (7) (STATE USE ONLY) \_\_\_\_\_

Current Use (Prior if being demolished) Residence

Name of Monitoring Firm Hired by Building Owner (8) \_\_\_\_\_, ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9) Ace Insulation Co., Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck, New Jersey

Project Manager for Monitoring Firm: \_\_\_\_\_, Telephone No. \_\_\_\_\_

Telephone No.: 732 294 1757, License No.: 00029

Start Date (10) 2/1/17, Scheduled Completion Date (11) 2/7/17

Name of OSHA Monitor: \_\_\_\_\_

Occupancy Status During Abatement (Check Only One):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: 7AM - 2PM

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Scope of Work (Check All That Apply):  ≥3 sf or ≥3 lf,  ≥160 sf or ≥260 lf,  Renovation,  Demolition,  Full Containment with Negative Pressure,  Mini-Enclosure,  Glovebag Procedure,  Non-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>house and garage</u>			<u>X</u>	<u>sidings</u>	<u>1500 sf</u>	<u>X</u>			

Name of Registered Waste Hauler: Ace Insulation Co., Inc., NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 3, Name of Registered Landfill: Chrins Landfill

City, State: Colts Neck, New Jersey, Disposal Date: 2/7/17, City, State: Easton, PA

Completed by: Bree McGuire, Title: Secretary Treasurer, Signature: [Signature], Date: 1/23/17

\* 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)**

CL# 026361

Date of Notification (1) 01/20/17		Name of Building Owner/Operator (2) NJDEP - Natural & Historic Resources - Office of Resource Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 275 Freehold - Englishtown Road		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                  JAN 26 2017                  CONTROL &amp; LICENSING             </div>					
		City, State, Zip Code Englishtown, NJ 07726							
Name of Contact Mr. Al Payne		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cheesequake State Park-Residential			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 301 Gordon Road			Square Feet 2,000 +	# of Floors 2	Bldg. Age 50 +				
City (5) Old Bridge Township			Current Use (Prior if being demolished) Residence						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 344 West State Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. (609) 656-8101	Telephone No. (973) 628-9200	License No. 00408					
Start Date (10) 02/08/17	Scheduled Completion Date (11) 02/12/17		Name of OSHA Monitor Enviro Vision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 20-21 Wagaraw Road, Bldg. #35E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input checked="" type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 001 and 105			X	Condensate Sink Coating	12 SF	X			
Exterior-Front Door			X	Door Caulking	21 LF	X			
Windows			X	Window Caulking	576 LF	X			
Exterior			X	Roof Flashing	6 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date	City, State Pen Argyl, Pennsylvania						
Completed by Jerry Bijelonic		Title Project Manager	Signature		Date 01/20/17				

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

Date of Notification (1)

1/17/2017

Name of Building Owner/Operator (2)

Alexis Charnee

Agencies Notified

- ]EPA
- ]DEP
- ]DOL
- ]DOH
- ]DCA

- Type Notification
- ]Initial Notification
  - ]Amended Notification
  - ]EMERGENCY
  - ]Cancellation

Street Address

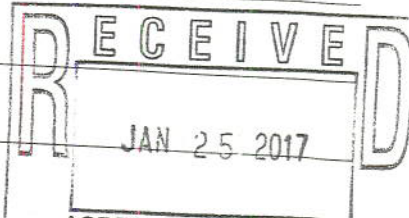
City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Alexis Charnee

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Alexis Charnee

Street Address

City (5)  
Montclair

County (6)  
Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

- ]School (K-12)
- ]Subchapter B (Other than K-12)
- ]Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
3010

# of Floors  
2

ASBESTOS CONTROL & TESTING  
JAN 26 2017  
ASBESTOS CONTROL & TESTING

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number  
N/A

Scheduled Start Date (10)

01 26 2017

Sched. Completion Date (11)

01 28 2017

Occupancy Status During Abatement (Check only one)

- ] Facility Closed/Vacated During Entire Period of Abatement
- ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»
- ] Other - Describe: «Other Occupancy Descript»

Scope of Work (Check all that apply)

- ] >3 sf or >3 lf
- ] >160 sf or >260 lf

- ] Renovation
- ] Demolition

- ] Full Containment with Negative Pressure
- ] Mini-Enclosure
- ] Glove-bag Procedure
- ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	E	
Asessment			X	Pipe Insulation	14 LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste  
1.0

Name of Registered Landfill

Minerva Enterprise INC

City, State  
Montclair, NJ 07042

Disposal Date  
1/29/2017

City, State  
Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title  
President

Signature

Date

1/17/2017

CK # 7801

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



Date of Notification (1) <b>1/25/2017</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>	
Agencies Notified	Type Notification	Street Address	<b>ASBESTOS CONTROL &amp; LICENSING</b>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>4000 HADLEY ROAD</b>  <b>SOUTH PLAINFIELD, NJ 07080</b>	
		Name of Contact	Telephone Number
		<b>JAMES McCABE</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)	
Street Address <b>1980 US RT. 22 EAST</b>		<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) <b>BOUND BROOK</b>	Square Feet <b>3300</b>	# of Floors <b>1</b>	Bldg. Age <b>Appx 50 yrs</b>
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>GOLF PRO SHOP</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>	
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>		
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>		
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>

Start Date (10) <b>2/13/2017</b>	Scheduled Completion Date (11) <b>2/16/2017</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	

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 or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ROOF</b>		<b>X</b>		<b>ACM ROOFING MATERIALS</b>	<b>3300 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>Appx 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>	
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>	
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <i>Carol Raimo</i>		Date <b>1/25/2017</b>

CK10529

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

RECEIVED  
 JAN 26 2017  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)  
 1-9-16

Name of Building Owner/Operator (2)  
 MIMI TASHIJIAN

Street Address  
 [REDACTED] AVE

City, State, Zip Code  
 LONG BRANCH

Name of Contact  
 MIMI

Telephone Number

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
 RESIDENTIAL

Street Address  
 [REDACTED]

City (5)  
 LONG BRANCH

County (6)  
 OCEAN

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 1200  
 # of Floors: 2  
 Bldg. Age: N/A

Current Use (Prior if being demolished)  
 RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)  
 ATLAS ENV. INSPECTION

ASCM No.

Name of Abatement Contractor (9)  
 FRYMAR CONST.

Street Address  
 PO BOX 11645

Street Address  
 PO BOX 11587

City, State, Zip Code  
 PHILA PA 19116

City, State, Zip Code  
 PHILA PA 19116

Project Manager for Monitoring Firm  
 JASON DUA

Telephone No.  
 267-784-4693

Telephone No.  
 267-784-4694

License No.  
 01276

Start Date (10)  
 2-1-17

Scheduled Completion Date (11)  
 2-1-17

Name of OSHA Monitor  
 EFRAM DUA

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Street Address  
 279 HENDRIX PL.

City, State, Zip Code  
 PHILA PA 19116

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		✓		PIPE INSULATION	15 LF	✓			

Name of Registered Waste Hauler  
 FRYMAR CONSTRUCTION

NJDEP Waste Hauler ID No.  
 0036759

Cubic Yards of Waste  
 1

Name of Registered Landfill  
 GROWS TULLYTOWN

City, State  
 PHILA, PA

Disposal Date

City, State

Completed by  
 EFRAM DUA

Title  
 V. PRES

Signature  
 [Signature]

Date  
 1-9-16