

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

Date of Notification (1) 1/21/2016		Name of Building Owner/Operator (2) NJ DIVISION OF PROPERTY MANAGEMENT & CONSTRUCTION							
Agencies Notified	Type Notification	Street Address 20 W. STATE STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact WILLIAM NASSIMOS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT 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 [REDACTED]		Square Feet	# of Floors						
City (5) MANVILLE		Bldg. Age							
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) J&S ENVIRONMENTAL LABORATORIES, LLC		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 2333 ROUTE 22 WEST		Street Address 11 VREELAND AVENUE							
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm SHERILL GELSOMINO		Telephone No. 908-206-0073	Telephone No. 973-956-8700						
			Lic. No. 00494						
Start Date (10) 1/22/2016	Scheduled Completion Date (11) 1/25/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or Lf)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		3 BOLLARDS		X			
				(IN TACT REMOVAL)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 1/25/2016	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/21/2016					

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

RECEIVED

Ch# 3974

Date of Notification (1) 01/21/2016		Name of Building Owner/Operator International Flavors & Fragrances, Inc.							
Agencies Notified	Type Notification	Street Address 1515 Highway # 36							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union Beach, NJ							
		Name of Contact Garry Staeppeferne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances, Inc.		Type of Facility (4)							
Street Address 1515 State Highway 36		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union Beach		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) factory							
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 555 S. Broad Street		Street Address 606 McBride Ave							
City, State, Zip Code Glen Rock, NJ 07452		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400						
Start Date (10) 02/04/2016		Scheduled Completion Date (11) 02/15/2016	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories							
<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: start 3:30 pm		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FCP room/lab			x	elbows	235 sf	x			
FCP room			x	tank insulation	100 sf	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill					
City, State Woodland Park, NJ			Disposal Date n/a	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title vice president	Signature	Date 1/21/2016					

CK 2700

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

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016 JAN 27 AM 9:48

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1 / 21 / 16		Name of Building Owner/Operator (2) Anita Green	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Willingboro, NJ 08046 Name of Contact Mike Colino	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Green Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,400	
City (5) Willingboro		# of Floors 3	
County (6) Burlington		Bldg. Age 100	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	
Start Date (10) 01 / 25 / 16		Scheduled Completion Date (11) 02 / 05 / 16	
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		Name of OSHA Monitor EMSL Analytical, Inc.	
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 type="checkbox"/> Demolition		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
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)	
Location of Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SF or LF)	
1st and 2nd Floors		3,412 SF	
2nd Floor		555 SF	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	
City, State Freehold, NJ		Cubic Yards of Waste 40	
Disposal Date 02/05/16		Name of Registered Landfill Cumberland County Landfill	
City, State Newburg, PA		Date 1/21/16	
Completed By (Print or Type) Christina Lynch		Signature [Signature] Title Operations Manager	

CK 3904

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

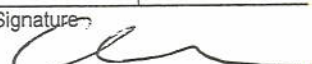
RECEIVED

2016 JAN 27 AM 9:47

Date of Notification (1) <u>1-22-16</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD N.J. 08730</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 [REDACTED]		Square Feet <u>1000</u>	
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		Bldg. Age <u>40+</u>	
County Code (7) STATE <u>USE ONLY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Start Date (10) <u>2-2-16</u>		Telephone No. <u>856-779-0472</u>	
Scheduled Completion Date (11) <u>2-9-16</u>		License No. <u>00444</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: _____		Name of OSHA Monitor <u>JOSEPH KLEMM JR</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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility <u>SIDING</u>		Description of Asbestos-Containing Material (ACM): [] Thermal systems insulation [] Surfacing (GAT or other miscellaneous) <u>TRANSITE</u>	
Is Location Normally Used Solely by Maintenance Custodian? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount (Specify SF or LF) <u>3500 SF</u>	
Abatement Type Removal Repair Encapsulate Enclosure		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler <u>Klemco Inc.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE N.J.</u>		Cubic Yards of Waste <u>5</u>	
Disposal Date _____		Name of Registered Landfill <u>C.M. C.M. U. A</u>	
City, State <u>WOODBINE N.J.</u>		Signature <u>[Signature]</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>VICE PRESIDENT</u>	
Date <u>1-22-16</u>		Date <u>1-22-16</u>	

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

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2016 JAN 27 AM 9:47
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 1/21/16		Name of Building Owner/Operator (2) Kari Ann Web Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Point Pleasant NJ 08742							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kari	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kari Ann Web Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) Point Pleasant NJ 08742		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/22/16	Scheduled Completion Date (11) 1/28/16	Name of OSHA Monitor Same							
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 type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Roof shingles			x	Roof shingles	850 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/28/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/21/16		

Emergency

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

CRS 304ED

Date of Notification (1) 1/22/16		Name of Building Owner/Operator (2) Eileen Kajeteke Private Home		2016 JAN 27 AM 9:47					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Avalon NJ 08202 Name of Contact Ross Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eileen Kajeteke Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1000+						
City (5) Avalon NJ 08202			# of Floors 1		Bldg. Age 35				
County (6) cape may			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.				
Street Address			Street Address PO Box 329						
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 856-753-9800 License No. 00727				
Start Date (10) 1/25/16			Scheduled Completion Date (11) 1/28/16		Name of OSHA Monitor Same				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input 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) <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 (F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room			x	Floor Tile	50 SF	x			
bedroom			x	Floor Tile	50 SF	x			
Name of Registered Waste Hauler United Containers			NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S			
City, State Elm NJ			Disposal Date 1/28/16		City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President		Signature 		Date 1/22/16		

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

Check # 10519

RECEIVED

2016 JAN 27 AM 10:46

ASBESTOS CONTROL & LICENSING

Date of Notification (1) January 22, 2015		Name of Building Owner / Operator (2) John D. Pittenger Builder, Inc.	
Agencies Notified	Type Notification	Street Address	
<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"/> Cancellation	2260 State Highway 33 City, State & Zip Code Neptune, NJ 07753 Name of Contact James Pittenger	
		Telephone Number	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Atlantic Highlands		Square Feet 936	# of Floors 1
County (6) Monmouth		Bldg. Age 83 years	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) February 2, 2016	Scheduled Completion Date (11) March 2, 2016	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Viable Procedure
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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
Front Porch Area		X		Siding	100 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date March 3, 2016		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date January 22, 2016	

*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 RECEIVED
2016 JAN 27 AM 9:46
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/22/16		Name of Building Owner/Operator (2) MS YVONNE HART				
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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]				
		City, State, Zip Code MAPLEWOOD, N.J. 07040				
		Name of Contact MS HART	Telephone Number ---			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. HART		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 2200	# of Floors 2			
City (5) MAPLEWOOD		Bldg. Age 90 years				
County (6) ESSEX	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) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 2/4/16	Scheduled Completion Date (11) 2/5/16	Name of OSHA Monitor Omega Environmental				
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				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) BASEMENT	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) VAT	Amount (Specify S or LF) 600 SF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 2/5/16	City, State Waynesburg Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 1/22/16			

MO#23037722910

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

Date of Notification (1) 01 / 22 / 16		Name of Building Owner/Operator (2) Joseph Vitale	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Clifton, NJ 07012 Name of Contact Joseph Vitale Telephone Number 2	

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Street Address [REDACTED] City (5) Clifton, NJ 07012 County (6) Passaic		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.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Start Date (10) 02 / 01 / 16		Scheduled Completion Date (11) 02 / 02 / 16	
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		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E 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) IN Facility (13) TO BE ABATED	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	15 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 City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 01/22/2016

ASB-41

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

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ASBESTOS CONTROL
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Date of Notification (1) 01 / 22 / 16		Name of Building Owner/Operator (2) Jerry Holtz							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040 Name of Contact Jerry Holtz							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 [REDACTED]		Square Feet	# of Floors						
City (5) Maplewood, NJ 07040		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 02 / 01 / 16	Scheduled Completion Date (11) 02 / 02 / 16	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E 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 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) <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 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	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 01/22/2016			

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) 1/15/16		Name of Building Owner/Operator (2) Jacklyn Kelleher							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Jacklyn Kelleher	Telephone Number 3						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Roselle		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00375						
Start Date (10) 2/01/16	Scheduled Completion Date (11) 2/02/16	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 (Spec / SF or L ³)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	70 LB	X			
Name of Registered Waste Hauler Waste Management of PA		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill D&S Abatement, Inc.					
City, State Tullytown, PA		Disposal Date TBD		City, State Totowa, NJ					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>			Date 1/15/16		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1) 01 / 22 / 16		Name of Building Owner/Operator (2) Dorothy Lambert		2016 JAN 27 AM 9:43 ASBESTOS CONTROL & LICENSING			
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]	
		City, State, Zip Code Bloomfield, NJ 07003				Name of Contact Christina Bzdek	
		Telephone Number [REDACTED] 91					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Street Address [REDACTED] City (5) Bloomfield, NJ 07003 County (6) Essex			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.) Square Feet # of Floors Bldg. Age				
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470			
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777		License No. 01127			
Start Date (10) 02 / 02 / 16		Scheduled Completion Date (11) 02 / 03 / 16		Name of OSHA Monitor Envirovision Consultants, Inc			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E 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)			
		Yes No N/A		Amount (Specify SIF or LF)			
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe insulation 175 LF			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD			
Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA		Disposal Date TBD					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature [Signature] Date 01/22/2016			

ASB-41

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Date of Notification (1)
01/20/16

Name of Building Owner/Operator (2)
Congregation Netivot Shalom

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification
☒ Initial Notification
☐ Amended Notification
☐ Cancellation

Street Address
811 Palisade Ave.

City, State, Zip Code
Teaneck, NJ 07666

Name of Contact
Aliza Safran

Telephone Number
83

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Congregation Netivot Shalom

Street Address
811 Palisade Ave.

City (5)
Teaneck, NJ 07666

County (6)
Bergen

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
50,000

of Floors
2

Bldg. Age
60

Current Use (Prior to being demolished)
Day Care Center

Name of Monitoring Firm Hired by Building Owner (8)
DAI Environmental Services, Inc.

ASCM No.
00012

Name of Abatement Contractor (9)
Four Strong Builders, Inc.

Street Address
180 Sargeant Avenue

City, State, Zip Code
Clifton, NJ 07013-1935

Telephone Number
973-614-0377

License Number
10807

Project Manager for Monitoring Firm
Stephen Jarozewski

Telephone Number
201-569-6708

Scheduled Start Date (10)
01/25/16

Sched. Completion Date (11)
01/29/16

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe:

Scope of Work (Check all that apply)

☐ Demolition
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LB)	Abatement Type				
				REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Basement	X	Pipe Insulation	185 LB	X				

Name of Registered Waste Hauler
Four Strong Builders, Inc.

NJDEP Waste Hauler ID No.
12609

Cubic Yards of Waste

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

City, State
Clifton, NJ

Disposal Date
Tullytown, PA

Completed By (Print or Type)
Bilyana Kulakovska

Title
Office Administrator

Signature

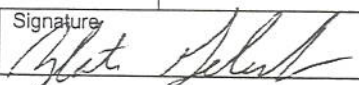
Date
1/20/16

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

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2016 JAN 27 AM 9:43

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/21/2016		Name of Building Owner/Operator (2) Jebel Home Builders							
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 36 Central Ave							
		City, State, Zip Code Madison NJ							
		Name of Contact Mohamed Seyam	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Madison		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 West							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244						
		Licens. No.	01151						
Start Date (10) 02/5/2016	Scheduled Completion Date (11) 02/26/2016	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 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-Fragile 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
Throughout house			X	floor tile & Mastic	1,800 SF	X		X	
Exterior			X	siding	1,700 SF	X			
Roofing			X	roof	230 SF	X			
Window & Door			X	Calking	10 SF	X			
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 00334422		Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill				
City, State totowa NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Zlate Geleski		Title VP		Signature 		Date 1/21/2016			

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


Check# 12418

Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC							
Agencies Notified	Type Notification	Street Address 1016 Annapolis Lane							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ							
		Name of Contact Anthony Pezzella	Telephone No. _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		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 211 Reading Avenue		Square Feet 3,200	# of Floors 2						
City (5) Oaklyn		Bldg. Age 40+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use, Prior if being demolished apartment building							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
		License No. 00398							
Start Date (10) 2-1-16	Scheduled Completion Date (11) 2-5-16	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 1940							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥230 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"/> 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	85 LF	x			
basement	x			transite heat shield	16 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill					
City, State Voorjees Township, NJ 08043		Disposal Date 2-8-16	City, State Morrisville, PA						
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16					

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 2016 JAN 27 AM 9:42
 ASBESTOS CONTROL & LIAISON


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

Check# = 12417

Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC						
Agencies Notified	Type Notification	Street Address 1016 Annapolis Lane						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Cherry Hill, NJ						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony Pezzella	Telephone Number 91					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 207 Reading Avenue		Square Feet 3,200	# of Floors 2					
City (5) Oaklyn		Bldg. Age 40+						
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use, Prior if being demolished apartment building						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue						
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920					
Start Date (10) 2-1-16		Scheduled Completion Date (11) 2-5-16	License No. 00398					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Plymouth Environmental Co., Inc.						
		Street Address 923 Haws Avenue						
		City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM), (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
basement	x			pipe insulation	85 LF	x		
basement	x			transite heat shield	16 SF	x		
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill				
City, State Voorjees Township, NJ 08043			Disposal Date 2-8-16	City, State Morrisville, PA				
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16				

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


Check # 12416

Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC						
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 1016 Annapolis Lane						
		City, State, Zip Code Cherry Hill, NJ						
		Name of Contact Anthony Pezzella	Telephone Number 6					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 203 Reading Avenue		Square Feet 3,200	# of Floors 2					
City (5) Oaklyn		Bldg. Age 40+						
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use, Prior if being demolished: apartment building						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue						
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920					
Start Date (10) 2-1-16		Scheduled Completion Date (11) 2-5-16	License No. 00398					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Plymouth Environmental Co., Inc.						
		Street Address 923 Haws Avenue						
		City, State, Zip Code Norristown, PA 1940						
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (7*) 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
basement	X		pipe insulation	85 LF	X			
basement	X		transite heat shield	16 SF	X			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill				
City/State Voorjees Township, NJ 08043		Disposal Date 2-8-16		City/State Morrisville, PA				
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16				

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


Check #12415

Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC							
Agencies Notified	Type Notification	Street Address 1016 Annapolis Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Cherry Hill, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony Pezzella	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 212 Manheim Avenue		Square Feet 3,200	# of Floors 2						
City (5) Oaklyn		Bldg. Age 40+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use, Prior if being demolished apartment building							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 1940							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 2-1-16		Scheduled Completion Date (11) 2-5-16	License No. 00398						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 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"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 923 Haws Avenue							
City, State, Zip Code Norristown, PA 1940									
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	85 LF	x			
basement	x			transite heat shield	16 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill					
City, State Voorjees Township, NJ 08043			Disposal Date 2-8-16	City, State Morrisville, PA					
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16					

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

Check # 12414

Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC							
Agencies Notified	Type Notification	Street Address 1016 Annapolis Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Cherry Hill, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony Pezzella	Telephone Number 609-681-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		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 208 Manheim Avenue		Square Feet 3,200	# of Floors 2						
City (5) Oaklyn		Bldg. Age 40+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use, Prior if being demolished apartment building							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 2-1-16		Scheduled Completion Date (11) 2-5-16	Lic. No. 00398						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input checked="" type="checkbox"/>			pipe insulation	85 LF	<input checked="" type="checkbox"/>			
basement	<input checked="" type="checkbox"/>			transite heat shield	16 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill					
City, State Voorjees Township, NJ 08043			Disposal Date 2-8-16	City, State Morrisville, PA					
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16					


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

Check # 12113
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Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC					
Agencies Notified	Type Notification	Street Address 1016 Annapolis Lane					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Cherry Hill, NJ					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony Pezzella	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		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 206 Manheim Avenue		Square Feet 3,200	# of Floors 2				
City (5) Oaklyn		Bldg. Age 40+					
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use, Prior if being demolished apartment building					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue					
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00398				
Start Date (10) 2-1-16	Scheduled Completion Date (11) 2-5-16	Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue					
		City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 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"/> 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
basement	<input checked="" type="checkbox"/>		pipe insulation	85 LF	<input checked="" type="checkbox"/>		
basement	<input checked="" type="checkbox"/>		transite heat shield	16 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill			
City, State Voorjees Township, NJ 08043			Disposal Date 2-8-16	City, State Morrisville, PA			
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16			

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

Check #12412

Date of Notification (1) 1-21-16		Name of Building Owner/Operator (2) Castle Lynn LLC							
Agencies Notified	Type Notification	Street Address 1016 Annapolis Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ							
		Name of Contact Anthony Pezzella	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hill Manor Apartments		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 300 West Beachwood Avenue		Square Feet 3,200	# of Floors 2						
City (5) Oaklyn		Bldg Age 40+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) apartment building							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 2-1-16		Scheduled Completion Date (11) 2-5-16	License No. 00398						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	X			pipe insulation	85 LF	X			
basement	X			transite heat shield	16 SF	X			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill					
City, State Voorjees Township, NJ 08043			Disposal Date 2-8-16	City, State Morrisville, PA					
Completed by David Rowley		Title Project Manager	Signature 	Date 1-21-16					

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

Paragon Job# _____

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Date of Notification (1) 10/11/12/16		Name of Building Owner/Operator (2) Old Bloomfield, LLC.	
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"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 189 Rt. 46 East, 2nd Floor		City, State, Zip Code Parsippany, NJ 07054	
Name of Contact Alan Markus		Telephone Number 201-261-1234	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) 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 (Private/Commercial Bldgs/Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 sf		
City (5) Parsippany, NJ 07054			County (6) Morris	County Code (7) (State use only)	# of Floors 02
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address			Street Address 590 River Rd.		
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm			Phone Number	Telephone Number (973) 614-1600	License Number 00748
Scheduled Start Date (10) 02/01/2016			Sched. Completion Date (11) 02/10/2016		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor Paragon Contracting, Inc.		
			Street Address 590 River Rd.		
			City, State, Zip Code Clifton, NJ 07014		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-Exempted (") 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/Laundry Room			<input checked="" type="checkbox"/>	700 SF VAT/Mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior			<input checked="" type="checkbox"/>	Siding Shingles	1,500 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"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 12 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature <i>[Signature]</i>	Date 01/22/2016

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

Paragon Job# _____

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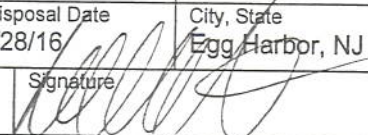
Date of Notification (1) 01/12/16		Name of Building Owner/Operator (2) Old Bloomfield, LLC.	
Agencies Notified	Type Notification	Street Address 189 Rt. 46 East, 2nd Floor	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Parsippany, NJ 07054	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Alan Markus	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (include justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,400		
City (5) Parsippany, NJ 07054			County (6) Morris		# of Floors 01
			County Code (7) (State use only)		Bldg. Age 60
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address			Street Address 590 River Rd.		
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm			Telephone Number (973) 614-1600		License Number 00748
Phone Number			Name of OSHA Monitor Paragon Contracting, Inc.		
Scheduled Start Date (10) 02/01/2016			Sched. Completion Date (11) 02/10/2016		
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 590 River Rd.		
			City, State, Zip Code Clifton, NJ 07014		

Scope of Work (check all that apply)									
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure						
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-Exempted ("") 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)	Remove	Repair	Encap	Encl
Closets			<input checked="" type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler Paragon Contracting, Inc.		NJDEP Hauler ID# 22161		Cubic Yards of Waste 3 cyds	Name of Registered Landfill Tullytown/GROWS				
City, State Clifton, NJ 07014		Disposal Date TBD		City, State Tullytown, PA					
Completed by (Print or Type) Goran Lazevski		Title President		Signature 			Date 01/22/2016		

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

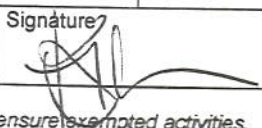
Date of Notification (1) 1/25/2016		Name of Building Owner/Operator (2) New Road Housing Associates, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20000 Horizon Way, Suite 180							
		City, State, Zip Code Mount Laurel, NJ 08054							
		Name of Contact Henry Fey	Telephone Number 201-251-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clayton Block		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 701-705 South New Road		Square Feet 1,000	# of Floors 1						
City (5) Absecon		Bldg. Age 45							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 1102 Baltimore Pike		Street Address 550 East Union St.							
City, State, Zip Code Glen Mills, PA 19342		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 610-701-9000						
Start Date (10) 1/25/16		Scheduled Completion Date (11) 1/28/16	Licenses No. 00501						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor Vertex							
		Street Address 1102 Baltimore Pike							
		City, State, Zip Code Glen Mills, PA 19342							
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 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-Flexible 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
Roof			X	Flashing	240	X			
Office area			X	Floor tile and Mastic	500	X			
Office Area			X	Drywall with joint compound	100	X			
Name of Registered Waste Hauler Earthtech Contracting		NJDEP Waste Hauler ID No. 1620498	Cubic Yards of Waste 5	Name of Registered Landfill ACUA					
City, State Ocean View, NJ		Disposal Date 1/28/16		City, State Egg Harbor, NJ					
Completed by Robert M. Casciato		Title President	Signature 			Date 1/25/16			

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

NO CK

Date of Notification (1) 10 / 30 / 15			Name of Building Owner/Operator (2) Johns Manville Corp. / Job #1510-2035			ASBESTOS CO. & LICENSES 2016 JAN 27 PM 1:35 RECEIVED				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 717 17 th Street			City, State, Zip Code Denver, CO 80217			
				Name of Contact Anthony Volkens		Telephone Number				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Warehouse Roof A						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 437 North Grove Street										
City (5) Berlin						Square Feet 665,000 SF		# of Floors 1		
						Bldg. Age 52				
County (6) Camden			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Warehouse				
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health			ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 140 S. Village Avenue Suite 130					Street Address 3859 Sylon Boulevard					
City, State, Zip Code Exton, PA 19341					City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Brian Hovendon			Telephone No. 610-524-5525		Telephone No. 609-702-0400		License No. 00862			
Start Date (10) 11 / 9 / 15		Scheduled Completion Date (11) 1 / 31 / 16		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM					Street Address 200 U.S. Route 130 North					
					City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input 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
Warehouse Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Decking	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Flues	6 ea	<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 Freehold Cartage, Inc.			NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 10		Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ			Disposal Date 1/31/16		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator			Signature 		Date 1-12-16			

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

Date of Notification (1) 1 / 22 / 16		Name of Building Owner/Operator (2) The Stickley Museum @ Craftsman Farms/ Job #1511-2040 Chk. #4227							
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 2352 Route 10 West							
		City, State, Zip Code Morris Plains, NJ 07950							
		Name of Contact Vonda Givens	Telephone Number 908-271-1125						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Craftsman Farms - White Cottage		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 2352 Route 10 West		Square Feet	# of Floors						
City (5) Morris Plains			Bldg. Age 105						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp							
Street Address PO Box 816		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave & Steve Flanigan		Telephone No. 856-848-0800	Licenses No. 00812						
Start Date (10) 2 / 4 / 16	Scheduled Completion Date (11) 2 / 18 / 16	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure / Neg. Pressure Enclosure <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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom(s), Master Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	150 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 2/19/16	City, State Morrisville, PA 19077						
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 				Date 1-22-16		