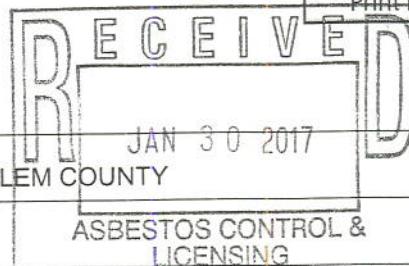


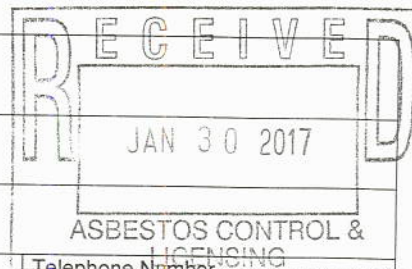
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



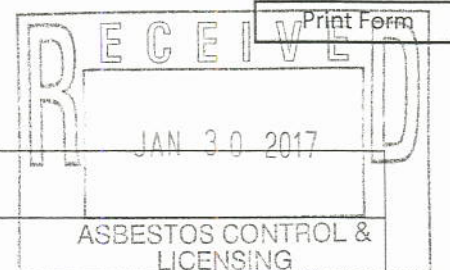
Date of Notification (1) 1-26-17		Name of Building Owner/Operator (2) THE MEMORIAL HOSPITAL OF SALEM COUNTY							
Agencies Notified	Type Notification	Street Address 310 WOODSTOWN ROAD	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SALEM, NJ 08079							
		Name of Contact KIM DOOLEY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) THE MEMORIAL HOSPITAL OF SALEM COUNTY		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 310 WOODSTOWN ROAD		Square Feet 200,000	# of Floors 2						
City (5) SALEM		Bldg. Age +/-50							
County (6) SALEM	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOSPITAL							
Name of Monitoring Firm Hired by Building Owner (8) BLUESTONE ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 196 BEACH LAKE HIGHWAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code HONESDALE, PA 18431		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm JACK JENKINS		Telephone No. 570-892-1075	Telephone No. 215-533-5155						
License No. 01166									
Start Date (10) 1-31-17	Scheduled Completion Date (11) 2-3-17	Name of OSHA Monitor BLUESTONE 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: OCCUPIED		Street Address 196 BEACH LAKE HIGHWAY							
		City, State, Zip Code HONESDALE, PA 18431							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
FIRE SUPPRESSION ROOM			X	9X9 VAT	150 SF	X			
FIRE SUPPRESSION ROOM			X	ACPI	30 LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L SALVAGE					
City, State MORRISVILLE, PA		Disposal Date		City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIRECTOR OF OPERATION		Signature 		Date 1-26-17			

OK 107

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



Date of Notification (1) 12 / 30 / 16		Name of Building Owner/Operator (2) New Jersey Transit Authority							
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 581 Main Street City, State, Zip Code Woodbridge, NJ 07095-5042 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Bay Bridge - Structure N2.01W		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 Newark Bay Bridge (Spanning River) in sidewalk		Square Feet 9500 LF # of Floors N/A Bldg. Age >20 Trs							
City (5) Bayonne & Newark		Current Use (Prior if being demolished) Bridge Sidewalk							
County (6) Essex & Hudson Counties	County Code (7)(STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Westcherster Environmental LLC		ASCM No. 127	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address 307 N. Walnut Street		Street Address 14 Read Drive							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	Telephone No. 856-318-1341 License No. 01158						
Start Date (10) 01 / 12 / 17	Scheduled Completion Date (11) 01 / 30 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM / ____ PM - ____ AM		Street Address 14 Read Drive City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Encased in Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4" Diam ACM Transite (Phase #1)	2,200LF	<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 Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 150CY	Name of Registered Landfill Waste Management of PA, Inc.					
City, State Keyport, NJ		Disposal Date		City, State Tullytown, PA					
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 10-30-16			

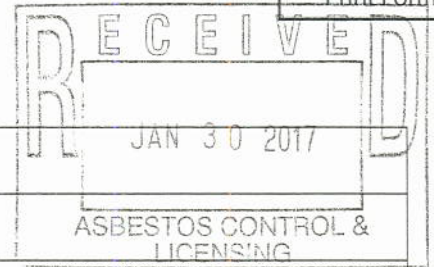


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/24/17		Name of Building Owner/Operator (2) Amat Alhassan							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Paramus, NJ 07652 Name of Contact Amat Alhassan	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 2750	# of Floors 2						
City (5) Paramus		Bldg. Age 60+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address _____		Street Address 280 N. Midland Ave.							
City, State, Zip Code _____		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm _____		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 1/26/17	Scheduled Completion Date (11) 1/27/17	Name of OSHA Monitor _____							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	365 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 cu	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 1/24/17			

CK1065

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



Date of Notification (1) 1/24/17		Name of Building Owner/Operator (2) Albert Brown							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wallington, NJ 07057							
		Name of Contact Albert Brown	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Wallington		Square Feet 1700	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 60+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 2/2/17		Scheduled Completion Date (11) 2/4/17	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: 8 A.M. to 4 P.M.		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 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
Kitchen		x		Linoleum	190 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 1/24/17			

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

CHECK#26103

JAN 30 2017

ASBESTOS CONTROL &
LICENSING

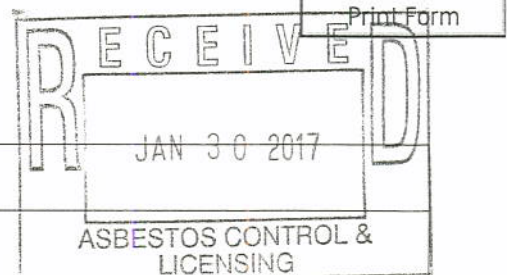
Date of Notification (1) 1/23/2017		Name of Building Owner/Operator (2) Northeastern Commercial, LLC/DELCO DEVELOPMENT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 CAMPBELL DRIVE City, State, Zip Code WILLINGBORO, NJ Name of Contact DAVID D'ANDREA
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Northeastern Commercial, LLC/DELCO DEVELOPMENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 1240 ROUTE 33		Square Feet	# of Floors Bldg. Age
City (5) HAMILTON, NJ		Current Use (Prior if being demolished)	
County MERCER		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 1/24/2017	Scheduled Completion Date (11) 1/25/2017		Name of OSHA Monitor MECS
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM		Street Address P.O. BOX 341	
		City, State, Zip Code CROSSWICKS, NJ 08515	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
EXTERIOR		<input checked="" type="checkbox"/>	TRANSITE SIDING
Name of Registered Waste Hauler J. VINCH DISPOSAL		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20 YDS
City, State HAMILTON, NJ		Disposal Date 1/26/2017	Name of Registered Landfill GROWS
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David D'Andrea</i>
			Date 1/23/2017

ASB-41

* Do not use this form for asbestos licensure exempted activities

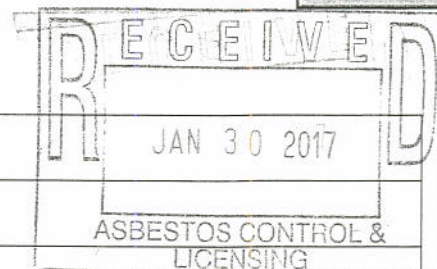
CK2965

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



Date of Notification (1) 1/23/2017		Check #2965		Name of Building Owner/Operator (2) Mrs. Mariann Marrano					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
		City, State, Zip Code Hopatong, NJ 07843		Name of Contact Mariann Marrano					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>				Square Feet 1,000					
City (5) Hopatong				# of Floors 1					
County (6) Sussex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address			Street Address 426 69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No. 201-295-1700		License No. 01074				
Start Date (10) Jan 24/2017		Scheduled Completion Date (11) Jan 27/2017		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 checked="" type="checkbox"/> Other - Describe: Starting 8 AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Ground Floor			x		800 SF	x			
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill			
City, State Freehold, NJ			Disposal Date tbd		City, State Newburg, PA				
Completed by Gina Betances			Title Office Manager		Signature 		Date 1/23/2017		

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



Date of Notification (1) 01-23-2017		Name of Building Owner/Operator (2) Frances Laione	
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 Cranford NJ 07016	
		Name of Contact Frances Laione	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Rahway NJ 07065		Square Feet n/a	# of Floors n/a
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age n/a
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734	
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	License No. 01266
Start Date (10) 02-01-2017	Scheduled Completion Date (11) 02-10-2017	Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Woodland Park NJ 07424	

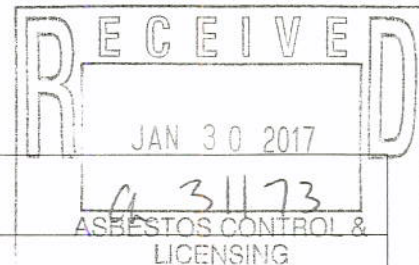
Scope of Work (Check All That Apply)

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

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill GROWS	
City, State Woodland Prk NJ 07424		Disposal Date 02-01-2017	City, State Morrisville PA		
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 01-23-2017		

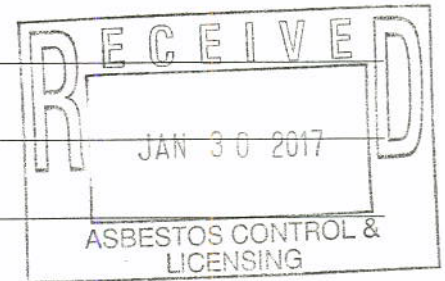
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">01 / 26 / 17</div>		Name of Building Owner/Operator (2) Messercola Excavating Co., Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 127 Bloomfield Road							
		City, State, Zip Code Barneget, NJ 08005							
		Name of Contact Fernando Messercola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Cranford	Square Feet 2000 sf	# of Floors 2	Bldg. Age 65						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">01 / 26 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">01 / 27 / 17</div>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	re-cleaning of pipes	50 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 1/27/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/26/17			

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

Date of Notification (1) 1/25/2017		Name of Building Owner/Operator (2) Jonathan Thomas	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Chatham, NJ, 07928	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jonathan Thomas	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jonathan Thomas			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 1950		
City (5) Chatham			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 81		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
Scheduled Start Date (10) 2 3 2017 Month Day Year		Sched. Completion Date (11) 2 -6- 2017 Month Day Year		License Number 00371	
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>				Name of OSHA Monitor N/A	
				Street Address	
				City, State, Zip Code	

Scope of Work (Check all that apply)

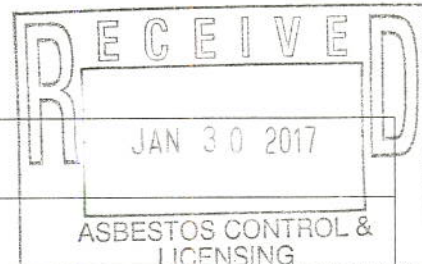
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|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	105	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 2-7-17		City, State Waynesburg, Ohio 44688	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 	Date 1/25/2017

CL3699

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



Date of Notification (1) 1 / 26 / 17		Name of Building Owner/Operator (2) Saint Rose of Lima School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Kings Highway City, State, Zip Code Haddon Heights, NJ 08035 Name of Contact Mike Hardy Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Rose of Lima School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 300 Kings Highway		Square Feet 20,000							
City (5) Haddon Heights		# of Floors 2	Bldg. Age 80						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 270		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	License No. 00842						
Start Date (10) 02 / 11 / 17	Scheduled Completion Date (11) 02 / 11 / 17	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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exposed Ends of Pipe Insulation	4 LF	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 02/11/2017		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 1/26/17			

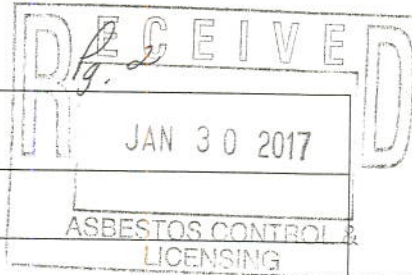
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

NO CK



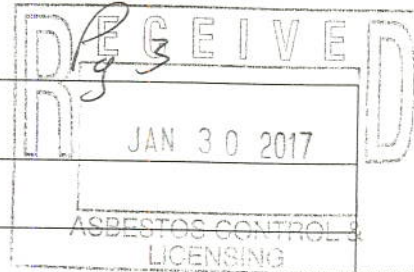
Date of Notification (1) 9 / 19 / 16		Name of Building Owner/Operator (2) Sears Holdings							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6-1/19/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road City, State, Zip Code Hoffman Estates IL 60179 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sears #1434 (Willowbrook Mall)		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 50 US Highway 46		Square Feet 300000	# of Floors 2						
City (5) wayne		Bldg. Age 76							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Department Store							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environmental Solutions		ASCM No.							
Street Address 39 West 37th Street, 14th Floor		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code New York NY 10018		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Amarr Soler		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 212-290-6323		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 10 / 3 / 16	Scheduled Completion Date (11) 2 / 28 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00PM-8:00AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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
New Stock Room Area-2 ND Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	980 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Area of 2 ND Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	1560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside New Stock Room Area-2 ND Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle area of first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date tbd		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Pat Decaro		Title Estimator		Signature <i>Pat Decaro</i>		Date 1/19/17			

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



Date of Notification (1) <div style="font-size: 1.5em; margin-left: 20px;">NO CLK</div> <div style="text-align: center;">9 / 19 / 16</div>		Name of Building Owner/Operator (2) Sears Holdings							
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 checked="" type="checkbox"/> Amended Amendment # 6-1/19/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road City, State, Zip Code Hoffman Estates IL 60179							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sears #1434 (Willowbrook Mall)		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 50 US Highway 46		Square Feet 300000	# of Floors 2						
City (5) wayne		Bldg. Age 76							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Department Store							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 39 West 37th Street, 14th Floor		Street Address 1123 BEAVER STREET							
City, State, Zip Code New York NY 10018		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Amarr Soler		Telephone No. 212-290-6323	License No. 00509						
Start Date (10) 10 / 3 / 16	Scheduled Completion Date (11) 2 / 28 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00PM-8:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	8000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Area (1st floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Stockroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date tbd		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Pat Decaro		Title Estimator		Signature <i>Pat Decaro</i>		Date 1/19/17			

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



Date of Notification (1) <u>9</u> / <u>19</u> / <u>16</u>		Name of Building Owner/Operator (2) Sears Holdings	
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 checked="" type="checkbox"/> Amended Amendment # <u>6-1/19/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road	
		City, State, Zip Code Hoffman Estates IL 60179	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sears #1434 (Willowbrook Mall)		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 50 US Highway 46		Square Feet 300000	# of Floors 2
City (5) wayne		Bldg. Age 76	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Department Store	
Name of Monitoring Firm Hired by Building Owner (8) Creative Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 39 West 37th Street, 14th Floor		Street Address 1123 BEAVER STREET	
City, State, Zip Code New York NY 10018		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Amarr Soler	Telephone No. 212-290-6323	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>10</u> / <u>3</u> / <u>16</u>	Scheduled Completion Date (11) <u>2</u> / <u>28</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>9:00</u> AM - <u>8:00</u> PM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

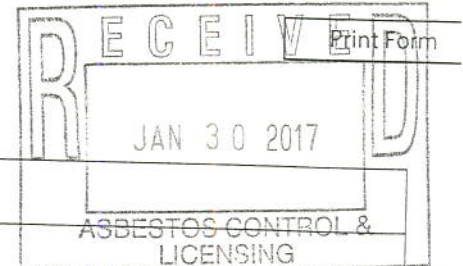
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|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Women's Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireproofing	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Women's Clothing/Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireproofing	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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date tbd		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Pat Decaro	Title Estimator	Signature 		Date 1/19/17	

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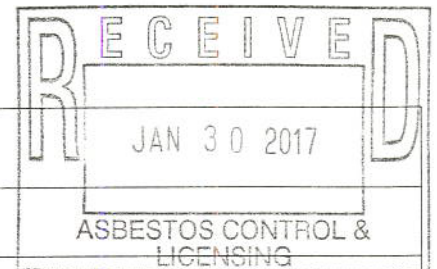
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1-24-2017		Name of Building Owner/Operator (2) Monticello Equity Properties, LLC							
Agencies Notified	Type Notification	Street Address 219 Monticello Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07304							
		Name of Contact Gerald Eglentowicz	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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4000	# of Floors 2						
City (5) Jersey City, NJ 07304		Bldg. Age 75+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 1-25-2017	Scheduled Completion Date (11) 1-25-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof material	1200 SF	X			
Name of Registered Waste Hauler Green Environmental Services, llc		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ		Disposal Date 1-25-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature			Date 1-24-2017			

CK 3697

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



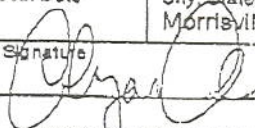
Date of Notification (1) <u>1</u> / <u>25</u> / <u>17</u>		Name of Building Owner/Operator (2) Carol Fields							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Mantua, NJ 08051 Name of Contact Bill White - COIT Cleaning Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fields 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		City (5) Mantua Square Feet 2,600 # of Floors 2 Bldg. Age 80							
County (6) Gloucester	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	License No. 00842						
Start Date (10) <u>02</u> / <u>09</u> / <u>17</u>	Scheduled Completion Date (11) <u>02</u> / <u>17</u> / <u>17</u>	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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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 <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermiculite	1,000 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		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 02/17/2017		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 1/25/17			

12/13/2033 14:17 FAX

CK4553

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

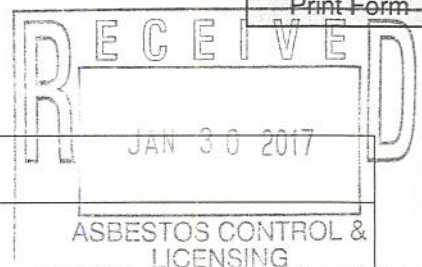
RECEIVED
JAN 30 2017
Print Form

Date of Notification (1) 01/25/2017		Name of Building Owner/Operator (2) Clifton Public Schools							
Agencies Notified	Type Notification	Street Address 745 Clifton Ave							
<input type="checkbox"/> EPA <input checked="" 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 Clifton, NJ 07013							
		Name of Contact Al Marchionne							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) School # 5		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 136 Valley Road		Square Feet	# of Floors						
City (5) Clifton		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No.	Name of Abatement Contractor (9) Lillich Corporation						
Street Address POE 385		Street Address 606 McBride Ave							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400						
Start Date (10) 01-26-2017		Scheduled Completion Date (11) 01-27-2017	License No. 01104						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: start 4 pm		Name of OSHA Monitor Iris Environmental Laboratories							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
storage room			X	pipe insulation (O&M)	9LF	X			
Name of Registered Waste Hauler Lillich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Woodland Park, New Jersey		Disposal Date		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 01/25/2017			

CK 5941

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

Print Form

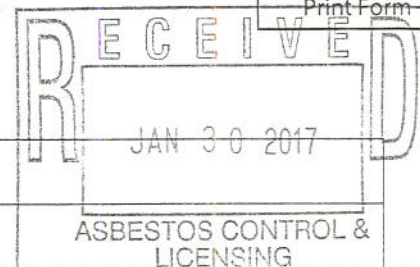


Date of Notification (1) 1/26/17		Name of Building Owner/Operator (2) Larry Wehrle Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Brick NJ 08724							
		Name of Contact Larry	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Larry Wehrle 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) Brick NJ 08724		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/6/17	Scheduled Completion Date (11) 2/10/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 house			x	exterior siding	1400 SF	x			
exterior siding garage			x	exterior siding	600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 2/10/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/26/17		

CKD120

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

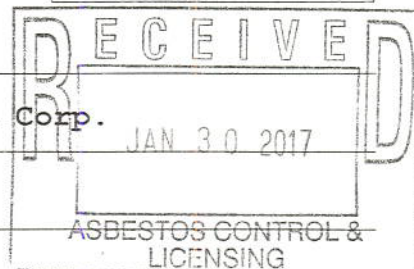
Print Form



Date of Notification (1) 1-23-2017		Name of Building Owner/Operator (2) Dipalma Excavation & Demolition							
Agencies Notified	Type Notification	Street Address 182 Stephens State Park Road	ASBESTOS CONTROL & LICENSING						
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackettstown, NJ 07840							
		Name of Contact Email Dipalma	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Florham Park, NJ 07932		Square Feet 8000	# of Floors 2 Bldg. Age 65+						
County (6) Morris	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 1-24-2017	Scheduled Completion Date (11) 1-24-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout the property		X		Window glaze	25 Units	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill G.ro.w.s. North Landfill					
City, State Jersey City		Disposal Date 1-24-2017	City, State Morrisville, PA						
Completed by Liliana Serrano		Title Office Manager	Signature 				Date 1-23-2017		

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

Date of Notification (1) 01/23/2017		Name of Building Owner/Operator (2) Homes of Montclair Ecumenical Corp.	
Agencies Notified	Type Notification	Street Address 1 Woodland Avenue	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact Deirdre Malloy	
<input checked="" type="checkbox"/> DOL		Telephone Number	
<input type="checkbox"/> DOH	<input type="checkbox"/> EMERGENCY		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Deirdre Malloy			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 1400		
City (5) Montclair			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 85		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 01 24 2017 Month Day Year	Sched. Completion Date (11) 01 25 2017 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

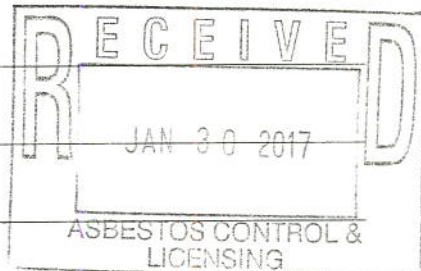
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	22 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 01/26/17	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Dimitri G. Temidis	Title Administrator	Signature 	Date 1/23/2017		

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

Date of Notification (1) 1/23/2017		Name of Building Owner/Operator (2) Peter Maroon	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code New Brunswick, NJ, 08901	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Peter Maroon	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Peter Maroon			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 1750		
City (5) New Brunswick			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 87		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 01 24 2017 Month Day Year		Sched. Completion Date (11) 01 25 2017 Month Day Year	License Number 00371	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Name of OSHA Monitor N/A	
			Street Address	
			City, State, Zip Code	

Scope of Work (Check all that apply)

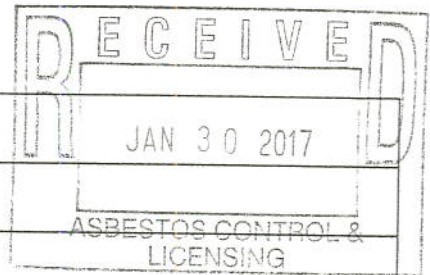
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	9 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 01/26/2017	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 1/23/2017		

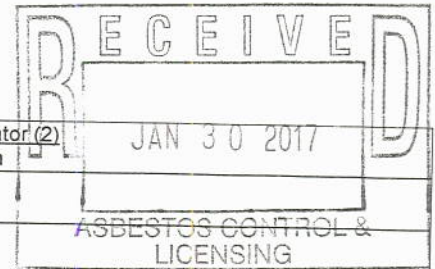
CK 957

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



Date of Notification (1) 01-25-17		Name of Building Owner/Operator (2) Cusick Moving & Storage							
Agencies Notified	Type Notification	Street Address 15 Steiner Place							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Plainfield, NJ 07060							
		Name of Contact Robert Monticchio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) North Plainfield		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 02-03-17		Scheduled Completion Date (11) 01-04-17							
Name of OSHA Monitor Delfa Contracting LLC									
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Basement		x		Duct Insulation Wrap-Cut	60 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 02-07-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 01-25-17			

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

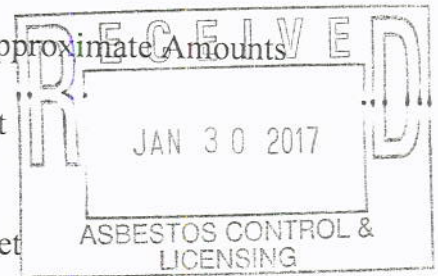


Date of Notification (1) 01/20/17		Name of Building Owner/Operator (2) Plainfield Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 504 Madison Avenue		City, State, Zip Code Plainfield, NJ 07060	
City (5) Plainfield		County (6) Monmouth	
County Code (7) (State Use Only)		Name of Contact Christian Smith, President	
Telephone Number		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Un-Occupied Administration Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: 10,800 # of Floors: 2 Bldg. Age: 1930's	
Street Address 504 Madison Avenue		Current Use (prior if being demolished): Building Vacated for approx. 2 years	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Inc.		ASCM No. 00003	
Name of Contractor (9) Panoramic Window & Door Systems Inc.		Street Address 712 Sergeantsville Road	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Stockton, NJ 08559	
Project Manager for Monitoring Firm Michael R Stocku		Telephone Number 856-840-8800 X23	
Telephone Number 856-840-8800 X23		License Number 01237	
Scheduled Start Date (10) 01/30/17		Scheduled Completion Date (11) 02/14/17	
Name of OSHA Monitor IAQ GURU LLC		Street Address 87 Main Street	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Lincoln Park, NJ 07035	
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 Other - Describe:			
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</p> </div> <div> <p><input checked="" type="checkbox"/> Full Containment SUB-8 <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure</p> </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Abatement Type Remove Repair Encap Enclose			
Please See Attached List	<input checked="" type="checkbox"/>		
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 1-20-17

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

Location Asbestos-Containing or Assumed Asbestos-Containing Materials Approximate Amounts

Second Floor Work Area Asbestos Containing Wall Plaster 1,350 Square Feet
Asbestos Containing Ceiling Plaster 800 Square Feet
Asbestos Containing Sheetrock Wall System (Compound) 1,750 Square Feet
Asbestos Containing Sheetrock Ceiling System (Compound) 1,350 Square Feet
Various Flooring Materials (Assumed) 1,500 Square Feet
Vermiculite Type Attic Insulation/ Debris (Assumed) 1,500 Square Feet

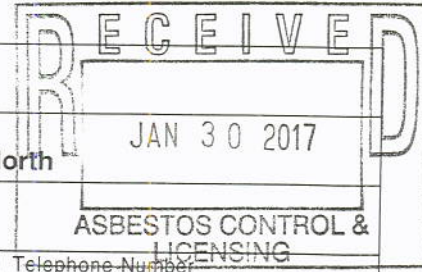


First Floor Work Area

Asbestos Containing Wall Plaster 1,850 Square Feet
Asbestos Containing Ceiling Plaster 800 Square Feet
Asbestos Containing Sheetrock Wall System (Compound) 900 Square Feet
Asbestos Containing Sheetrock Ceiling System (Compound) 325 Square Feet
Various Flooring Materials (Assumed) 475 Square Feet

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

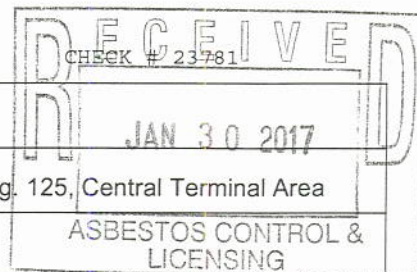
Check No. **3835**



Date of Notification (1) January 11, 2017		Name of Building Owner/Operator (2) PA of NY & NJ							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Goethals Bridge, 2777 Goethal Road North City, State, Zip Code Staten Island, NY 10303-8413 Name of Contact Uday Mehta Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey Side of Bridge		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 2777 Goethals Road North		Square Feet 440,758							
City (5) Staten Island, NY 10303-8413		# of Floors 1							
County (6) Union		Bldg. Age 88 +/-							
County Code (7) (STATE USE ONLY) Bridge		Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions (CES) Corp.		ASCM No. N/A							
Street Address 39 West 37th Street, 14th Floor		Name of Abatement Contractor (9) B&N&K. Restoration Company, Inc.							
City, State, Zip Code New York, NY 10018		Street Address 223 Randolph Avenue							
Project Manager for Monitoring Firm Dmitry Khusidman		City, State, Zip Code Clifton, NJ 07011							
Telephone No. 212 290 6323		Telephone No. 973-478-4681							
Start Date (10) January 23, 2017		License No. 00120							
Scheduled Completion Date (11) January 21, 2018		Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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: Non-friable exterior work		Street Address 464 Valley Brook Avenue							
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		City, State, Zip Code Lyndhurst, NJ 07071							
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
West Bound Bridge over NJ Turnpike	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - North Side	450 In ft	<input checked="" type="checkbox"/>			
West Bound Bridge over NJ Turnpike	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - South Side	450 In ft	<input checked="" type="checkbox"/>			
NJ Abutment Room	<input checked="" type="checkbox"/>			White Panel (Transite)	80 sq ft	<input checked="" type="checkbox"/>			
East Bound NJ approach of existing bridge	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Duct Bank)	6 In ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler 1. Jimmy Byrne Trucking 2. Clean Earth of North Jersey, Inc.		NJDEP Waste Hauler ID No. 19551 / 11352		Cubic Yards of Waste 51	Name of Registered Landfill Minerva Enterprises, Inc. Chemical Waste Management				
City, State Bronx, NY / Newark, NJ		Disposal Date 01/23/2017 - 01/21/2018		City, State Waynesburg, OH / Emelle, AL					
Completed by G. Roger Woodman		Title Project Manager		Signature 			Date 1/23/2017		

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



Date of Notification (1) 01-24-17		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address Newark Liberty International Airport, Bldg. 125, Central Terminal Area							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07114							
		Name of Contact John A. Volpe							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		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 3 Brewster Road		Square Feet 100,000	# of Floors 88 yrs.						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Airport							
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 241 Erie Street		Street Address 200 Broad Street							
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-622-0800	License No. 00756						
Start Date (10) 02-06-17	Scheduled Completion Date (11) 02-24-17	Name of OSHA Monitor Even-Air 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>Abatement will be conducted in a restricted area.</u>		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) 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
Transfer Pump Station (TPS) #1			x	ACM Pipe Insulation	40	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Raymond Kinsella		Title Project Manager		Signature 			Date 01-24-17		

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

Ch# 3910
VIA U.S. MAIL

Date of Notification (1) 1/25/17		Name of Building Owner/Operator (2) Mr John Hutchins		RECEIVED JAN 30 2017 07090-2117 ASBESTOS Telephone Number			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]	
		City, State, Zip Code Westfield N.J. 07090-2117				Name of Contact Mr Hutchins	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings etc.)			
Street Address [REDACTED]				Square Feet 3,000			
City (5) Westfield N.J.				# of Floors 2			
County (6) Union				Bldg. # 80			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) NOVATECH INC		
Street Address					Street Address P.O. Box 814		
City, State, Zip Code					City, State, Zip Code Old Bridge N.J. 08857		
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732 238-7500		
Start Date (10) 2/17/17			Scheduled Completion Date (11) 2/28/17		License No. 00806		
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 NOVATECH INC		
					Street Address P.O. Box 814		
					City, State, Zip Code Old Bridge N.J. 08857		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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)			
Basement		X		P.P.E. INSULATION			
				4150 YF X			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 10			
City, State Old Bridge N.J. 08857		Disposal Date 3/1/17		Name of Registered Landfill G.R.O.W.S.			
Completed by CARLOS AMEIDA		Title PRESIDENT		Signature [Signature]			
				Date 1/25/17			

CK5937 5934

~~593~~ *New Check*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) 5937

Print Form

Date of Notification (1) 1/19/17		Name of Building Owner/Operator (2) Sean Clancy Private Home		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JAN 30 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>	
Agencies Notified	Type Notification	Street Address [REDACTED]			
<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 Beach Haven NJ 08008			
		Name of Contact Jeff			
				Telephone Number	


FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Sean Clancy Private Home			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Beach Haven NJ 08008			Square Feet 1000+	# of Floors 1	Bldg. Age 35+
County (6) Ocean		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) 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) 1/30/17		Scheduled Completion Date (11) 2/3/17		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			City, State, Zip Code		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Trough out			x	floor Tile	600 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 2/3/17		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 1/19/16

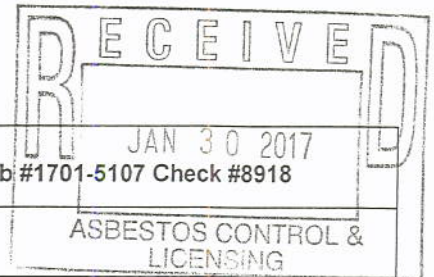
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 11484

Date of Notification (1) January 25, 2017		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JAN 30 2017 ASBESTOS ABATEMENT LIC# </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Cancellation	1925 Pacific Avenue City, State & Zip Code Atlantic City, NJ 08401	
		Name of Contact William Malazita	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 1925 Pacific Avenue		Square Feet	# of Floors
City (5) Atlantic City, NJ		Bldg. Age 118 Years	
County (6) Atlantic		Current Use (Prior if being demolished) Hospital	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 1600 Route 22 East, Ste 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Stephen Cherepany		Telephone Number 908-688-7800	License Number 00817
Scheduled Start Date (10) February 4, 2017	Scheduled Completion Date (11) March 4, 2017	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Abatement Type
	Yes No N/A		Removal Repair Encapsulate Enclosure
2nd Floor Medical Education Hallway		Pipe Fittings / Insulation	150 LF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087	Disposal Date March 6, 2017	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date January 25, 2017

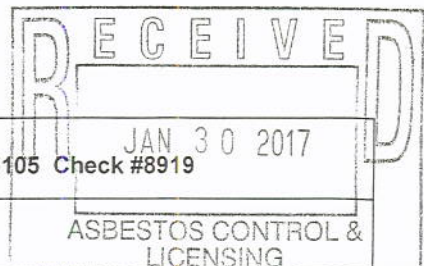
*Do not use this form for asbestos licensure exempted activities.

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



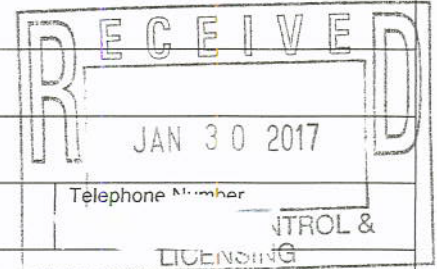
Date of Notification (1) <u>1</u> / <u>24</u> / <u>17</u>		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1701-5107 Check #8918							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Kristen Bell Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address One Robert Wood Johnson Place		Square Feet # of Floors Bldg. Age							
City (5) New Brunswick									
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo	Telephone No. 201-489-8700	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>1</u> / <u>25</u> / <u>17</u>	Scheduled Completion Date (11) <u>1</u> / <u>27</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / <u>5</u> PM - <u>1:30</u> AM		Street Address 200 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) <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
Auditorium Closets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & mastic	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 1/27/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 				Date 1/24/17			

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



Date of Notification (1) 1 / 24 / 17		Name of Building Owner/Operator (2) Cumberland County College / Job #1701-5105 Check #8919							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 3322 College Drive City, State, Zip Code Vineland, NJ 08360 Name of Contact Aldo Falasca Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cumberland County College- Service Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 3322 College Drive		Square Feet							
City (5) Vineland		# of Floors							
County (6) Cumberland		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No.							
Street Address Three Terri Lane		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Bromley Corporate Center		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 609-386-8800		Telephone No. 609-265-2107							
License No. 00529									
Start Date (10) 2 / 6 / 17		Scheduled Completion Date (11) 2 / 17 / 17							
Name of OSHA Monitor EMSL Analytical									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 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 <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Service Building Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 2/17/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1/24/17			

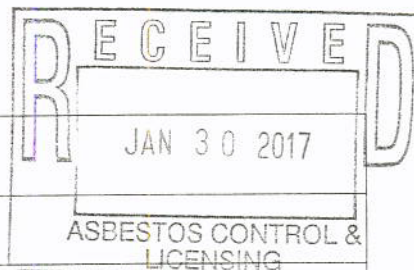
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/19/17		Name of Building Owner/Operator (2) Robert Vanzile Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Manahawkin NJ 08050							
		Name of Contact Rob	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Vanzile 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) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/30/17	Scheduled Completion Date (11) 2/3/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 2/3/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 1/19/16			

CK3692

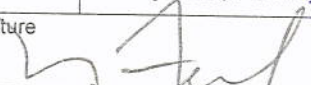
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 1 / 25 / 17		Name of Building Owner/Operator (2) Gary Zwartjes							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Trenton, NJ 08610 Name of Contact Gary Zwartjes Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Zwartjes 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Trenton	Square Feet 2,000	# of Floors 2	Bldg. Age 85						
County (6) Mercer	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	ASCM No.	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	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 02 / 03 / 17	Scheduled Completion Date (11) 02 / 06 / 17	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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ		Disposal Date 02/06/2017		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations			Signature 	Date 1/25/17				

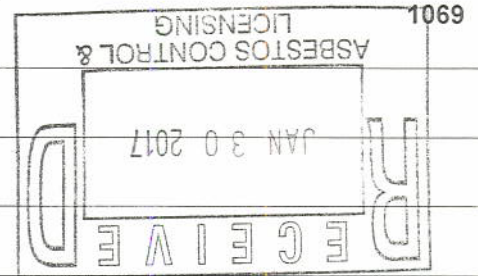
CK31151

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

Date of Notification (1) 01 / 24 / 17		Name of Building Owner/Operator (2) Meridian Environmental Services		<div style="border: 1px solid black; padding: 5px; transform: rotate(180deg);"> ASBESTOS CONTROL & Licensure JAN 30 2017 STATE OF NEW JERSEY </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 24 Germania Station Road			
		City, State, Zip Code Toms River, NJ 08755				Name of Contact Chris Delucca			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Brick				Square Feet 1300 sf	# of Floors 1				
County (6) Ocean				County Code (7) (STATE USE ONLY)	Bldg. Age 65				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address				Street Address 1889 Route 9, Unit 61					
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 02 / 03 / 17		Scheduled Completion Date (11) 02 / 06 / 17		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1250 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	550 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 02/07/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/24/17			

CK 1069

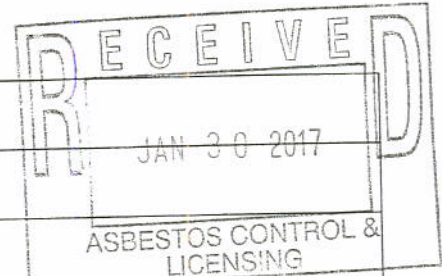
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) January 25, 2017		Name of Building Owner/Operator (2) Rapauno Amonia							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Gibbstown, NJ 08027							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rapauno Amonia		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) Gibbstown, NJ 08027		Bldg. Age							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unknown							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 220 Church Street		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00781						
Start Date (10) 2-9-17	Scheduled Completion Date (11) 5-31-17	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
inside		X		gaskets	47	X			
"-		X		white pipe mastic	20 s/f	X			
"-		X		tar paper pipe insulation	12 l/f	X			
Name of Registered Waste Hauler Newark Carting / Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 0.8	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Newark / Freehold, NJ		Disposal Date 5-31-17		City, State Newburg / Imperial / Morrisville, PA					
Completed by Michael Cooper		Title President	Signature 			Date 1/25/17			

CK 1052

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

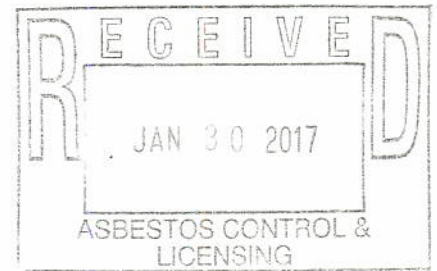


Date of Notification (1) 01/25/2017		Name of Building Owner/Operator (2) Karen Cooper							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Morristown, NJ, 07960							
		Name of Contact Karen Cooper							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Morristown, NJ 07960		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No. _____	Name of Abatement Contractor (9) United Safety LLC						
Street Address 1130 W Chestnut St		Street Address 12 Maple Ave #F2							
City, State, Zip Code Union, NJ, 07083		City, State, Zip Code Pine Brook, NJ, 07058							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-276-0099						
		License No. 01317							
Start Date (10) 02-04-2017	Scheduled Completion Date (11) 02-06-2017	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 12 Maple Ave #F2							
		City, State, Zip Code Pine Brook, NJ, 07058							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor				VAT	240 SF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste 5 cy	Name of Registered Landfill Grows Landfill					
City, State Pine Brook, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 01/25/2017		

RECEIVED
JAN 30 2017
ASBESTOS CONTROL & LICENSING

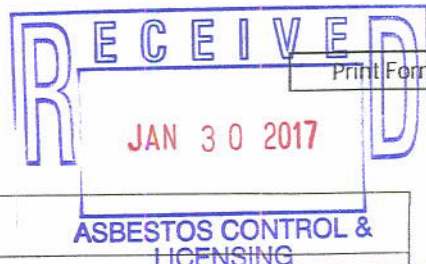
* Do not use this form for asbestos licensure exempted activities. *Continued on Page 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Tenant Space 2610		X		Hard Fittings a/w Fiberglass Pipe Insul	3 each	X
Tenant Space 2640		X		Black Mastic a/w 12x12 White Floor Tile	330 SF	X



Amendment #1

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



Date of Notification (1) 1/27/17		Name of Building Owner/Operator (2) Joe Brunetto							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Rumson, New Jersey 07760							
Name of Contact Mark		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brunetto 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 1500							
City (5) Rumson		# of Floors 1							
County (6) Monmouth		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757							
Telephone No.		License No. 00029							
Start Date (10) 2/1/17		Scheduled Completion Date (11) 2/10/17							
Name of OSHA Monitor Mark Jovic Consulting		Street Address 87 Main Street							
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>7am-7pm</u>		City, State, Zip Code Lincoln Park, New Jersey 07035							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <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
interior			x	flooring	400sf	x			
interior			x	spackle/sheetrock	1500sf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 20	Name of Registered Landfill Chrins				
City, State Newark, New Jersey		Disposal Date 2/10/17		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>Bree McGuire</i>		Date 1/27/17			

CK# 3091

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

RECEIVED	Print Form
JAN 27 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 1/24/17		Name of Building Owner/Operator (2) Joe Brunetto							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rumson, New Jersey 07760							
		Name of Contact Mark	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brunetto 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 1500	# of Floors 1						
City (5) Rumson		Bldg. Age 50+							
County (6) Monmouth	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)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 2/1/17	Scheduled Completion Date (11) 2/10/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior			x	flooring	400 sf	x			
interior			x	spackle/sheetrock	1500sf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20	Name of Registered Landfill Chrins					
City, State Newark, New Jersey		Disposal Date 2/10/17		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 1/24/17			