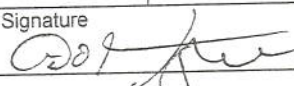


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

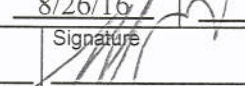
CK# 6155

Date of Notification (1) 06/29/2016		Name of Building Owner/Operator (2) Mr. Sanjeev Vargheese		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 5 2016 ASBESTOS CONTROL & SENSING </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 Verona, NJ Name of Contact Mr. Sanjeev Vargheese Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office building		Type of Facility (4)							
Street Address 50 Grove Ave		<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) Cedar Grove, NJ		Square Feet 2,000 SF	# of Floors 2	Bldg. Age 60+					
County (6)	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address 2333Route 22 West		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Estaquel		Telephone No. 908-206-0073	Telephone No. 973-389-0089	License No. 00693					
Start Date (10) 07/15/2016	Scheduled Completion Date (11) 07/18/2016		Name of OSHA Monitor DIA General Construction, Inc						
Occupancy Status During Abatement (Check Only One)			Street Address 1360 Clifton Ave, PMB Suite 218						
<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 Clifton, NJ 07012						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			wrap & encapsulation	430 LF			X	
Basement	x			Floor cleanup	130 SF				
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Y	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 07/18/2016		City, State Waynesburg, OH 44688					
Completed by Milan Njezic	Title Project Manager		Signature 		Date 07/18/2016				

CK # 25205

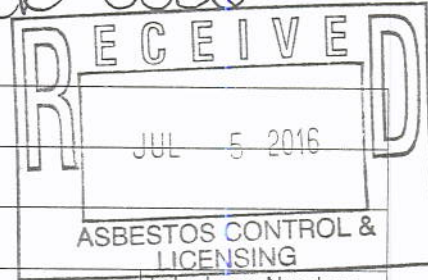
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

RECEIVED
JUL 5 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>7/1/16</u>		Name of Building Owner/Operator (2) <u>Community of St. John the Baptist</u>					
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 <u>82 West Main Street</u>					
		City, State, Zip Code <u>Mendham, NJ 07945</u>					
		Name of Contact <u>Sister Linda</u>	Telephone Number <u>(973) 543-4641</u>				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Convent</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>82 West Main Street</u>		Square Feet <u>7000</u>	# of Floors <u>3</u>				
City (5) <u>Mendham, NJ 07945</u>		Bldg. Age <u>100+/-</u>					
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>				
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>Dave Bunocore</u>	Telephone No. <u>(732) 740-8408</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>				
Start Date (10) <u>8/8/16</u>	Scheduled Completion Date (11) <u>8/26/16</u>	Name of OSHA Monitor <u>DB Environmental</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkeley Place</u>					
		City, State, Zip Code <u>Freehold, NJ 07728</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>	<u>200 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>400 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Breeching</u>	<u>100 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>20 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/26/16</u>	City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/1/16</u>				

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

CK # 30560



Date of Notification (1) 6/29/16		Name of Building Owner / Operator (2) Haddon Twp School District	
Agencies Notified	Type Notification	Street Address 500 Rhoads Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Westmont, NJ 08108	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact C/O Robert Dlnan	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 856-722-1800	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Strawbridge ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8		
Street Address 307 Strawbridge Ave			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Haddon Twp			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Camden	County Code (7)		Square Feet 60,000	# of Floors 2	Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services			Current Use (Prior if being demolished) School		
Street Address 1930 Brown Road			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Newfield, NJ 08344			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm James Eberts			City, State & Zip Code Bristol, PA 19007		
Telephone Number 856-205-1077			Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 7/11/16	Scheduled Completion Date (11) 7/12/16		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			Street Address 1123 Beaver Street		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM			City, State & Zip Code Bristol, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

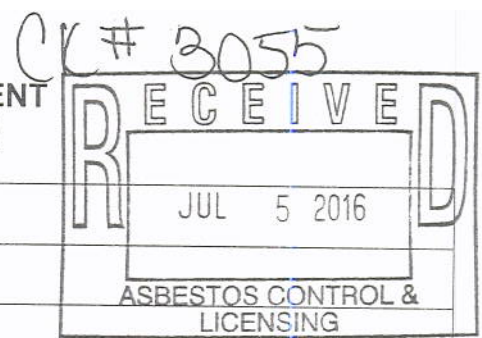
- | | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste ½ Cu Yd	Name of Registered Landfill
City, State New Castle, DE	Disposal Date 7/12/16	City, State	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature 	Date 7/12/16

GI 15085

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



Date of Notification (1) 6/30/16		Name of Building Owner / Operator (2) Haddon Twp School District	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 500 Rhoads Ave City, State & Zip Code Westmont, NJ 08108 Name of Contact C/O Robert Dinan Telephone Number 856-722-1800	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Van Sciver ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 625 Rhoads Avenue			Square Feet 60,000		
City (5) Haddonfield		County (6) Camden	County Code (7)		# of Floors 2
			Bldg. Age 40+		
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 1930 Brown Road			Street Address 1123 Beaver Street		
City, State & Zip Code Newfield, NJ 08344			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm James Eberts		Telephone Number 856-205-1077	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 7/11/16		Scheduled Completion Date (11) 7/15/16		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 Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

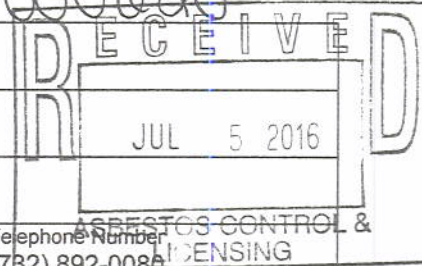
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
On cabinets throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interior Transite Panels	1,200 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1/2 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/15/16	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature 	Date 6/30/16

QI 15085

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

CLC # 000620



Date of Notification (1) 06-30-16		Name of Building Owner/Operator (2) Pinnacle Commercial Development, Inc.							
Agencies Notified	Type Notification	Street Address 3822 River Road							
<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 Point Pleasant, NJ 08742							
		Name of Contact Dennis Rome	Telephone Number (732) 892-0086						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walgreens # 16034		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 1801 N Olden Ave.		Square Feet	# of Floors						
City (5) Ewing		Bldg. Age							
County (6) Mercer	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.	License No.						
Start Date (10) 07-11-16		Scheduled Completion Date (11) 07-29-16	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
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) <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
Ground Floor		X		VAT+Mastic	7,200 SF	X			
Ground Floor		X		Mastic	5,600 SF	X			
Roof		X		Roofing Materials	21,000 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 302401	Cubic Yards of Waste 60	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ			Disposal Date 07-29-16	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 06-30-16			

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

cdh 1022

Date of Notification (1) 6/27/2016		Name of Building Owner/Operator (2) Russell Konst	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing NJ 08638	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Russell Konst	Telephone Number [REDACTED]

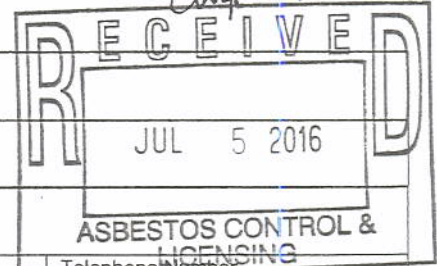
RECEIVED
JUL 5 2016
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1800SF	# of Floors 1
City (5) Ewing NJ 08638		Bldg. Age +50	
County (6) Mercer County	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. N/A	Name of Abatement Contractor (9) Dinago Environmental LLC	
Street Address N/A		Street Address 339 Lafayette St	
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 973-91-0877	License No. 01240
Start Date (10) 7/8/2016	Scheduled Completion Date (11) 7/11/2016	Name of OSHA Monitor J&S Environmental Corp	
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 2333 Route 22 West	
		City, State, Zip Code Union NJ 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Asbestos pipe insulation	150LF	x			

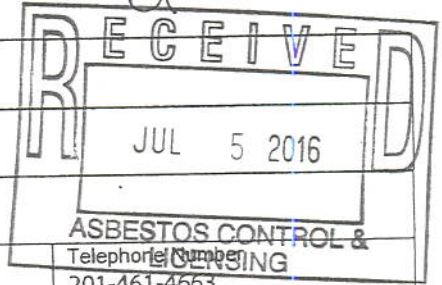
Name of Registered Waste Hauler Newark carting Inc	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Ises bethlehem landfill
City, State Po Box 5670 Newark NJ 07105		Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA
Completed by Carlos Gomes	Title President	Signature 	Date 6/27/2016

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



Date of Notification (1) 6/27/2016		Name of Building Owner/Operator (2) Emily Ketterburg							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Pennington NJ 08534							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Emely Ketterburg							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Pennington NJ 08534		Square Feet 1500SF	# of Floors 1						
		Bldg. Age +50							
County (6) Mercer County	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. N/A	Name of Abatement Contractor (9) Dinago Environmental LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 7/7/2016	Scheduled Completion Date (11) 7/10/2016	Name of OSHA Monitor J&S Environmental Corp							
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 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement			x	Asbestos pipe insulation	100LF	x			
Name of Registered Waste Hauler Newark carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Ises bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature <i>[Signature]</i>			Date 6/27/2016			

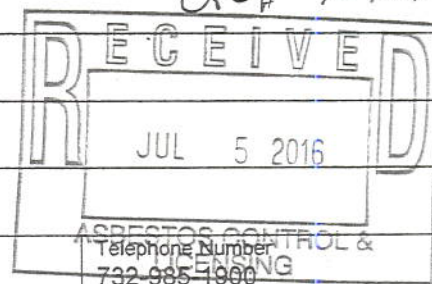
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/27/2016		Name of Building Owner/Operator (2) [REDACTED]							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 Sylvan Ave Suite 300							
		City, State, Zip Code Englewood cliff NJ 07632							
		Name of Contact Peter Tiflinsky							
		Telephone Number 201-461-4663							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Fort Lee NJ		Square Feet 1800SF	# of Floors 2						
		Bldg. Age +50							
County (6) Bergen County	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. N/A	Name of Abatement Contractor (9) Dinago Environmental LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-91-0877						
		License No. 01240							
Start Date (10) 7/9/2016	Scheduled Completion Date (11) 7/11/2016	Name of OSHA Monitor J&S Environmental Corp							
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 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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) <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			x	shingles sinding	1600SF	x			
Name of Registered Waste Hauler Newark carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Ises bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 			Date 6/27/2016			

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

ck# 102.5



Date of Notification (1) 6/28/2016		Name of Building Owner/Operator (2) Edgewood Properties							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway NJ 08851							
		Name of Contact Jim Towle							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Private property		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) Somerville NJ		Square Feet 15000	# of Floors 2						
County (6) Somerset County		Bldg. Age +50							
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. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette Street							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 7/8/2016	Scheduled Completion Date (11) 7/29/2016	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 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 flashing	350 LF	x			
First Floor			x	floor tile	4000SF				
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Isles Bethlehem Landfill					
City, State PO Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 			Date 6/28/2016			

OK 1021

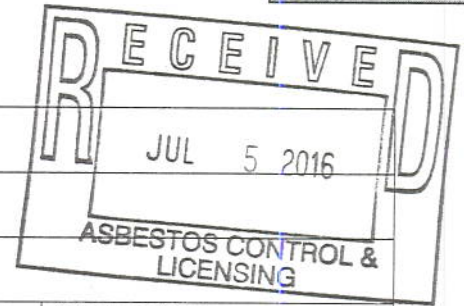
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
JUL 5 2016
ASBESTOS CONTROL & LICENSING
Telephone Number
973-497-4000

Date of Notification (1) 5/27/2016		Name of Building Owner/Operator (2) The Archdiocese Of Newark							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 171 Clinton Ave		City, State, Zip Code Newark NJ 07014							
Name of Contact harry Seymour		Telephone Number 973-497-4000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Aedans Convent		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 39 Tuers Ave		Square Feet 12000SF	# of Floors 4						
City (5) jersey City NJ		Bldg. Age +75							
County (6) Hudson County		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactis Inc		ASCM No. 0045	Name of Abatement Contractor (9) Dinago Environmental LLC						
Street Address 64 Broad Street		Street Address 339 Lafayette St							
City, State, Zip Code Matawan NJ 07747		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 973-91-0877						
Start Date (10) 6/22/2016		License No. 01240							
Scheduled Completion Date (11) 7/30/2016		Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Union NJ 07083							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	X			TSI pipes and Joints	1190LF	X			
Name of Registered Waste Hauler Newark carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Ises bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105		Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA						
Completed by Carlos Gomes		Title President	Signature				Date 6/22/2016		

* Do not use this form for asbestos licensure exempted activities

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



Date of Notification (1) 06/28/2016		Name of Building Owner/Operator (2) Frenklin Township Public Schools							
Agencies Notified	Type Notification	Street Address 1755 Amwell Road							
<input checked="" type="checkbox"/> EPA <input 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 Somerset NJ 08873							
		Name of Contact James Strimple	Telephone Number (732) 302-4200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Avenue School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 363 Elizabeth Avenue		Square Feet 90,000	# of Floors 2						
City (5) Somerset NJ 08873		Bldg. Age 30 years							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public High School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01034						
Start Date (10) 07/11/2016	Scheduled Completion Date (11) 07/29/2016	Name of OSHA Monitor Savic Construction Corp							
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 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Multi-Purpose Room		X		Transite Ceiling	3,513 SF	x		x	
Stage		X		Transite Ceiling	537 SF	x		x	
Fan Room	X			Transite Ceiling	250 SF	x		x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 07/01/2016	City, State Morrisville, PA						
Completed by Milos Savic		Title Project Manager	Signature 	Date 06/28/2016					

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

Cr # 29610

Date of Notification (1)

6 / 28 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

THE LILLIAN BOOTH ACTORS HOME

Street Address

155-175 WEST HUDSON AVENUE

City, State, Zip Code

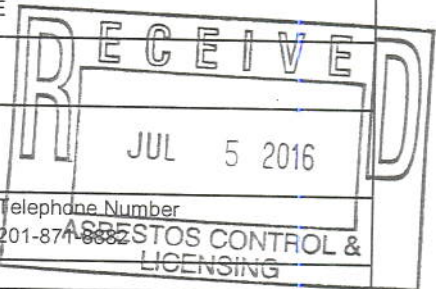
ENGLEWOOD, NEW JERSEY 07631

Name of Contact

JORDAN STROHL

Telephone Number

201-874-6882



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

THE LILLIAN BOOTH ACTORS HOME

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

175 WEST HUDSON AVENUE

Square Feet

10,360

of Floors

2

Bldg. Age

57

City (5)

ENGLEWOOD

County (6)

BERGEN

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEAN PAUL VON DOEHRN

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 12 /16
Month Day Year

Sched. Completion Date (11)

9 / 30 /16
Month Day Year

Name of OSHA Monitor

AMERISCI

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code


NY, NY 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

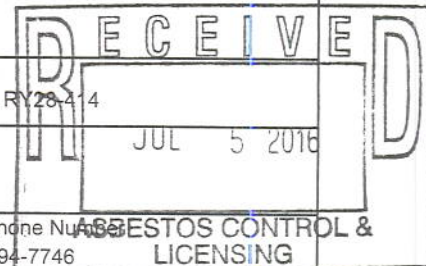
☒ Full Containment with Negative Pressure
☐ Mini-Encl.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
	Yes	No	N/A						
1st FLOOR WINGS 1 & 2			X	CEILING PLASTER	2,700 SF	X			
LOWER LEVEL			X	VAT & MASTIC	600 SF	X			
ATTIC			X	DUCT MASTIC	16 SF	X			
EXTERIOR WINGS 1 & 2			X	WINDOW CAULK	10 SF	X			
EXTERIOR WINGS 1 & 2			X	TRANSITE WINDOW PANELS	850 SF	X			
EXTERIOR WINGS 1 & 2			X	BUILDING CAULK	8 SF	X			
EXTERIOR ROOF			X	FLASHING	390 SF	X			
EXTERIOR PATIO			X	WATERPROOFING TAR	60 SF	X			
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES		NJDEP Waste Hauler ID No. 22147		Cubic Yards of Waste 80	Name of Registered Landfill GROWS LANDFILL/TULLYSTOWN				
City, State HACKETTSTOWN, NJ 07840				Disposal Date 7/12/16-9/30/16	City, State MORRISVELL, PA 19067/TULLYSTOWN, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 			Date 6/28/16		

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

CK 29609

Date of Notification (1) 6 / 27 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 2844	
Type Notification		City, State, Zip Code	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		RAHWAY, NEW JERSEY 07065	
		Name of Contact	Telephone Number
		Sandra M. Schenk	732-594-7746



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		Bldg. Age 82	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 7 / 11 /16 Month Day Year	Sched. Completion Date (11) 9 / 15 /16 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3 PM		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encllo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT SOUTH EAST & NORTHWEST			X	VAT & MASTIC	110 SF	X			
1ST FLOOR -ENTIRE			X	VAT & MASTIC	5,125 SF	X			
2ND FLOOR-NORTHEAST CORNER			X	VAT & MASTIC	765 SF	X			
3RD FLOOR VAULT AREA			X	ACM FILE CABINETS	95 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 80	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY				Disposal Date 3/14-4/30/2016	City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 6/27/16				

06/28/2016 07:57

NO. 858 #002

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:18)

CK# 3112



Date of Notification (1) 6 / 28 / 16		Name of Building Owner/Operator (2) Delsea Regional High School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:25-8)	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 242 Fries Mill Road City, State, Zip Code Franklinville, NJ 08322	Name of Contact Joseph Collins Telephone Number 856-894-0100 x 250
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Delsea Regional High School Street Address 242 Fries Mill Road City (5) Franklinville County (6) Gloucester		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.) Square Feet 20,000 # of Floors 2 Bldg. Age 70 Current Use (Prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental, LLC Street Address 1930 Brown Road City, State, Zip Code Newfield, NJ 08344 Project Manager for Monitoring Firm Jim Eberts Start Date (10) 06 / 30 / 16 Scheduled Completion Date (11) 07 / 05 / 16		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 823 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-765-0999 License No. 00842 Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
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 4:30PM-12:00AM			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 200 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 20 SF
2nd Story	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor Tile Mastic	
	<input type="checkbox"/> <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 City, State Freehold, NJ		NJDEP Waste Hauler ID No. 18838 Cubic Yards of Waste 1 Disposal Date 07/05/2016	Name of Registered Landfill Cumberland County Landfill City, State Newburg, PA
Completed By (Print or Type) Christina Lynch Title Operations Manager		Signature 	Date 6/28/16

 AAR-41
 JAN 13

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

building will be occupied by construction personnel during the removal. There will be no access to the removal areas during abatement activities.


Should you have any questions, please contact

CK #11656

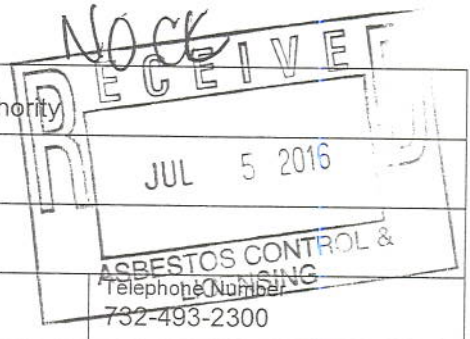
Print Form

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

RECEIVE	JUL 5 2016
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) June 30, 2016		Name of Building Owner/Operator (2) General Aviation Aircraft Services Inc (dba Meridian Teterboro)							
Agencies Notified	Type Notification	Street Address 125 Industrial Avenue							
<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 Teterboro, NJ							
		Name of Contact David Pires	Telephone Number 732-542-6100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hanger #12		Type of Facility (4)							
Street Address 125 Industrial Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Teterboro		Square Feet 25000	# of Floors Multi						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) GZA Geo Environmental Inc		ASCM No.	Current Use (Prior if being demolished) Aircraft Hanger prior						
Street Address 55 Lane Road		Name of Abatement Contractor (9) SCE Environmental Group Inc							
City, State, Zip Code Fairfield, NJ		Street Address 1380 Mount Cobb Road							
Project Manager for Monitoring Firm Benjamin Sallem		City, State, Zip Code Lake Ariel, PA 18436	Telephone No. 570-383-4151						
Start Date (10) 7/18/16		Telephone No. 9737743311	License No. 01216						
Scheduled Completion Date (11) 9/2/16		Name of OSHA Monitor Dale Nat							
Occupancy Status During Abatement (Check Only One)		Street Address 1380 Mount Cobb Road							
<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 Lake Ariel, PA 18436							
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) <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		X		Galbestos/Transite Siding, Roofing, Caulkin	42400 sf	X			
Interior Office		X		Pipe Insulation, Duct Insulation, Flooring, W	443 lf/7000 sf	X			
Interior Hangar Space		X		Waterproofing, Fire Doors	6500 sf	X			
		X							
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 200 (estimated)	Name of Registered Landfill IESI Bethlehem				
City, State Newark, NY		Disposal Date Various		City, State Morrisville, PA					
Completed by Troy Butler		Title Sr. PM		Signature 		Date 6/30/16			

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



Date of Notification (1) June 27, 2016		Name of Building Owner/Operator (2) Somerset County Improvement Authority							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Page 1 of 2 <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20 Grove Street							
		City, State, Zip Code Somerville, NJ							
		Name of Contact Bill Coyne							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Somerset County Board of Social Services Building		Type of Facility (4)							
Street Address 61-63 East High Street (73 East High Street)		<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) Somerville		Square Feet	# of Floors						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		Name of Abatement Contractor (9) Be Construction Corporation							
Street Address 464 Valley Brook Avenue #3A		Street Address 235 Watchung Avenue							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	License No. 01231						
Start Date (10) July 5, 2016 ON HOLD	Scheduled Completion Date (11) August 31, 2016		Name of OSHA Monitor Schneider Laboratories Global Inc.						
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:		2512 W Cary Street							
		City, State, Zip Code Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Perimeter Wall		X		Wall Panels	40,000SF	X			
Room 312		X		Gray Floor Tile Mastic	200SF	X			
Throughout Building		X		Joint Compound	2,500SF	X			
Mechanical Rooms		X		Cloth Flex Duct	100LF	X			
Name of Registered Waste Hauler Future Sanitation Inc.		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State Passaic, NJ 07055				Disposal Date	City, State Tullytown, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>		Date June 27, 2016			

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

No CK

Date of Notification (1) June 27, 2016		Name of Building Owner/Operator (2) Somerset county Improvement Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <i>PAGE 2 of 2</i> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Grove Street	
		City, State, Zip Code Somerville, NJ	
		Name of Contact Bill Coyne	Telephone Number 732-493-2300

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 JUL 5 2016
 ASBESTOS CONTROL & LICENSING

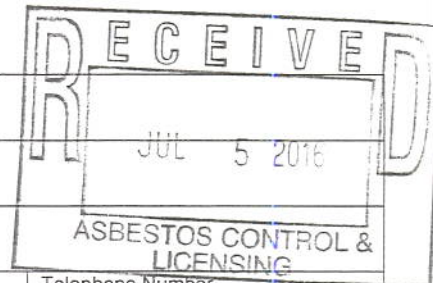
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Somerset county Board of Social Services Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 61-63 East High Street (73 East High Street)		Square Feet	# of Floors
City (5) Somerville		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation
Street Address 464 Valley Brook Avenue #3A		Street Address 235 Watchung Avenue	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code West Orange, NJ 07052	
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	Telephone No. 973-669-2900
Start Date (10) July 5, 2016 <i>ON HOLD</i>		Scheduled Completion Date (11) August 31, 2016	License No. 01231
Name of OSHA Monitor Schneider Laboratories Global Inc.			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			
Street Address 2512 W Cary Street			
City, State, Zip Code Richmond, VA. 23220			
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building		X		Fire Doors/Elevator Doors	25 Doors	X			
Throughout Building		X		Electrical Wiring	All Wiring	X			

Name of Registered Waste Hauler Future Sanitation Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility
City, State Passaic, NJ 07055		Disposal Date		City, State Tullytown, PA
Completed by Barbara Reed	Title President	Signature <i>Barbara Reed</i>	Date June 27, 2016	

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

CK# 8942



Date of Notification (1) 06/29/2016		Name of Building Owner/Operator (2) Mercer County Improvement Authority						
Agencies Notified	Type Notification	Street Address 80 Hamilton Avenue						
<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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08611						
		Name of Contact Al Collins	Telephone Number 609 278-8100					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse and Annex		Type of Facility (4)						
Street Address 209 South Broad Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Trenton		Square Feet ~ 46,800	# of Floors 6					
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Courthouse and Offices					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.					
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road						
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460						
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856 656-2912	License No. 00836					
Start Date (10) 1/25/2016	Scheduled Completion Date (11) 08/05/2016	Name of OSHA Monitor Neuber Environmental Services, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road						
<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 Phoenixville, PA 19460						
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 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
Throughout			X	See Attached Table 1	See Attached	X		
Old Courthouse Basement			X	See Attached Spreadsheet	See Attached	X		
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 1,000	Name of Registered Landfill GROWS/Tullytown Landfill				
City, State Fairless Hills, PA		Disposal Date 2/2016-8/2016		City, State Morrisville, PA				
Completed by Patrick Larney		Title Project Manager		Signature		Date 06/29/2016		

3.4 SUMMARY OF WORK

- A. The scope of the Project includes the complete removal and proper off-site disposal of certain identified asbestos-containing materials and hazardous materials. These materials are summarized in the following summary table. The table is provided to supply Contractors with information to aid in the bidding process. The table provides an estimated scope of work for general purposes only. The Contractor shall be responsible to fully investigate the scope of work and provide a bid proposal based on all existing conditions.

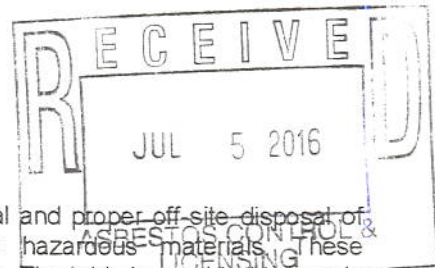


Table 1 – Asbestos-Containing Materials (> 1%) Mercer County Courthouse Annex 209 South Broad Street Trenton, New Jersey 08608	
Description	Total Estimated Quantity
Plaster Partition Walls	46,000 SF ✓
Plaster Perimeter Wall	30,000 SF ✓
Plaster As Drop Ceiling	17,630 SF ✓
Plaster Ceiling On Concrete Deck	48,600 SF ✓
Drywall	12,150 SF ✓
Sheet Flooring / Mastic	21,780 SF ✓
Floor Tile / Mastic	11,290 SF ✓
Red Backed Ceiling Tile	9,560 SF ✓
Cork Hvac Duct Insulation	1,400 SF ✓
Transite Panels	1 SF ✓
Ebonite Boards	60 SF ✓
Roof Equipment Mastic	40 SF ✓
Pipe Fittings	25 each ✓
Fiberglass End Caps	200 each ✓
Interior Boiler Insulation And Rib Packing	970 SF ✓
Pipe Insulation	4,210 LF ✓
Fire Doors	60 each ✓
Tank Insulation	200 SF ✓

SF – Square Feet, LF – Linear Feet

Mercer County Improvement Authority
Mercer County Courthouse Annex and Boiler Room

Technical Specifications
MCIA1501

Table 1 – Asbestos-Containing Materials (> 1%) Mercer County Courthouse 209 South Broad Street Trenton, New Jersey 08608	
Description	Total Estimated Quantity
Plaster Walls	1,000 SF
Plaster Ceilings	1,000 SF
Pipe Fittings	50 each

SF – Square Feet, LF – Linear Feet

MCIA Old Courthouse Basement

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ASBESTOS CONTROL &
LICENSING

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

B & G proj. #: 2016-33

*** RESUME 06/30/2016 4:00 pm ***

Check # 7908

Date of Notification (1) <u>10/6/12/19/11/16</u>		Name of Building Owner/Operator (2) Atlantic Health System		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 100px;">JUL 5 2016</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 100px;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address 100 Madison 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 checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Peter Palmer		
		Telephone Number (973)971-4194		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center, Franklin Building, East & West wings			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 100 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road			Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-4000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 03/21/2016	Sched. Completion Date (11) 08/31/2016		Name of OSHA Monitor B & G Restoration, 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- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>work shift 4:00pm - 12:30am</u>			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

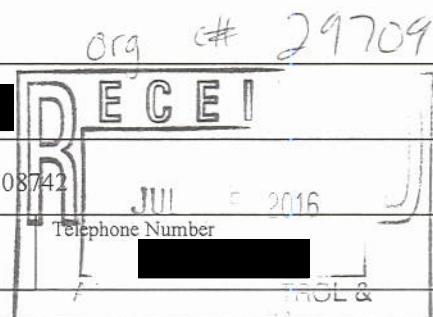
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
West wing offices & hallway			<input checked="" type="checkbox"/>	pipe insulation	55 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/21/16 - 08/31/16	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/29/2016

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

NO CK

Date of Notification (1) June 29, 2016		Name of Building Owner/Operator (2) Bill Frank	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment #2 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>
			City, State, Zip Code Point Pleasant, NJ 08742
			Name of Contact Bill Frank Telephone Number <div style="background-color: black; width: 100px; height: 20px;"></div>



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: 20px;"></div>					
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1600 sf	# of Floors 1	Bldg. Age 60
			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) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/22/16		Scheduled Completion Date (11) 7/15/16	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

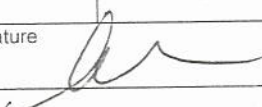
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Exterior		X		Asbestos siding	1600 sf	X			

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 7/16/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 	Date 6/29/2016

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

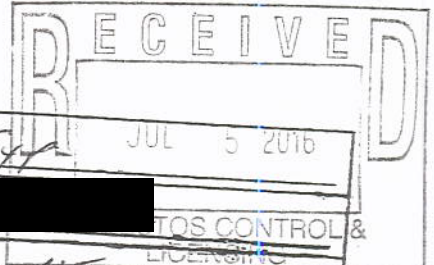
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 15283

Date of Notification (1) 6/27/16 & 6/29/16		Name of Building Owner/Operator (2) Union Congregational Church		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 5 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 176 Cooper Avenue			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Montclair, NJ 07042 Name of Contact Ann Ayre			
Telephone Number 973-543-9369									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church				Type of Facility (4)					
Street Address 176 Cooper Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Montclair		Square Feet 3200		# of Floors 2	Bldg. Age 68				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-583-8500	License No. 703				
Start Date (10) 7/7/16		Scheduled Completion Date (11) 8/7/16		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: boiler room				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor boiler room			x	boiler & pipe insulation	8 LF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/27/16 & 6/29/16			

NO CK

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



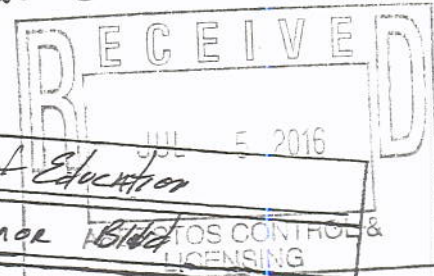
Date of Notification (1) <u>6-28-16</u>		Name of Building Owner/Operator (2) <u>Joseph J. S...</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [Redacted]	City, State, Zip Code <u>Swedeshboro NJ 08085</u>			
		Name of Contact <u>Joseph</u>	Telephone Number [Redacted]			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>MIMOSA Hill Hall</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>201 Mullica Hill Rd</u>		Square Feet	# of Floors			
City (5) <u>Glassboro NJ</u>		Bldg. Age	Current Use (Prior if being demolished)			
County (6) <u>Glouster</u>		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) <u>TTI</u>		ASCM No.	Name of Abatement Contractor (9) <u>ANI JOE LLC</u>			
Street Address		Street Address <u>1212 Burlington Ave</u>	City, State, Zip Code <u>Delanco NJ 08075</u>			
City, State, Zip Code		Telephone No. <u>609-346-0916</u>	License No. <u>01076</u>			
Project Manager for Monitoring Firm		Name of OSHA Monitor <u>Self</u>				
Start Date (10)		Scheduled Completion Date (11)				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address				
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				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<u>1-THRU 4 Floor Hall</u>	<u>Yes</u>	<u>ACM (Tile) MASTER</u>	<u>8000 SF</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>ANI JOE LLC</u>		NUDEP Waste Hauler ID No. <u>078865</u>	Cubic Yards of Waste <u>100</u>	Name of Registered Landfill <u>WM of PA</u>		
City, State <u>Delanco NJ</u>		Disposal Date	City, State <u>Tullytown PA</u>			
Completed By <u>Joe Hill</u>		Title <u>VP</u>	Signature <u>[Signature]</u>	Date <u>6-28-16</u>		

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

No CL

5-28-16

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)



Date of Notification (1) 5-19-16

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

Type Notification
☒ Initial
☐ Amended
Amendment #
☐ Emergency (including
restoration)
☒ Cancellation

Name of Building Owner/Operator (2) Jackson Board of Education
Street Address 101 Don Connor Blvd
City, State, Zip Code Jackson NJ 08527
Name of Contact Ed Ostrop Telephone Number 732-833-4653

Name of Facility Where Abatement is Taking Place (3) Board Office
Street Address 101 Don Connor Blvd
City (5) Jackson NJ
County (6) Burlington
County Code (7) (STATE USE ONLY)
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)
Square Feet 6000 # of Floors 1 Bldg. Age 27
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ENDG Inc ASCM No.
Street Address 617 Stoke Rd Suite 4-318
City, State, Zip Code Medford NJ 08055
Project Manager for Monitoring Firm Rebecca Telephone No.
Name of Abatement Contractor (9) Ani Joe LLC
Street Address 1212 Burlington Ave
City, State, Zip Code Delanco NJ 08015
Telephone No. 609-346-0916 License No. 01070
Name of OSHA Monitor
Street Address
City, State, Zip Code

Start Date (10) 6-24-16 Scheduled Completion Date (11) 8-24-16
Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:
Scope of Work (Check all that apply)
☐ >3 sf or >3 lf
☒ <160 sf or <260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (C) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>THRU OUT Bldg</u>				<u>Floor tile</u>	<u>6000 SF</u>	<input checked="" type="checkbox"/>			
<u>THRU OUT Bldg</u>				<u>Mastic</u>	<u>6000 SF</u>	<input checked="" type="checkbox"/>			
<u>Technology office</u>				<u>Floor tile/mastic</u>	<u>500 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Ani Joe LLC NJ DEP Waste Hauler ID No. 25367
City, State Delanco NJ Cubic Yards of Waste 10cy Name of Registered Landfill WM of PA
Disposal Date TBD City, State Tullytown PA
Completed By Joe Hill Title VP Signature [Signature] Date 5-19-16

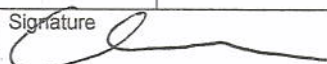
* Do not use this form for asbestos licensure exempted activities.

Please Apply To
Mimosst Hill
Job THU
JHVP

6-28-16

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

CK# 5536

Date of Notification (1) 6/30/16		Name of Building Owner/Operator (2) John Tilton Private Home		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 5 2016 ASBESTOS CONTROL & ABATEMENT DIVISION </div>					
Agencies Notified	Type Notification	Street Address							
<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 Loveladies NJ 08008 Name of Contact John							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Tilton 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) Loveladies NJ 08008				Square Feet 1000+	# of Floors 2				
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
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) 7/13/16		Scheduled Completion Date (11) 7/19/16		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
Exterior Siding			x	Exterior Siding	2400 SF	x			
Name of Registered Waste Hauler United Containers		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 7/19/16	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President		Signature 		Date 6/30/16		

* HURRICANE SANDY

CK# 14239

Date of Notification (1) JUNE 30, 2016		Name of Building Owner/Operator (2) LISA KOCHANIK		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 5 2016 ASBESTOS CONTROL & [Redacted] </div>										
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [Redacted] City, State, Zip Code HIGHLANDS, NJ 07732 Name of Contact LISA KOCHANIK								
FACILITY INFORMATION														
Name of Facility Where Abatement is Taking Place (3) KOCHANIK PROPERTY Street Address [Redacted] City (5) HIGHLANDS County (6) MONMOUTH County Code (7) (STATE USE ONLY) _____				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1016 SF # of Floors 1 Bldg. Age 1943 Current Use (Prior if being demolished) RESIDENCE										
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc. Street Address 17 Thompson Street City, State, Zip Code West Long Branch, NJ 07764		Telephone No. 732.222.8372 License No. 00040										
Start Date (10) JULY 11, 2016 Scheduled Completion Date (11) JULY 12, 2016		Name of OSHA Monitor N/A Street Address City, State, Zip Code												
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: _____		Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type						
								Removal	Repair	Encapsulate	Enclosure			
KITCHEN				X		AC FLUE PACKING		10 SF		x				
EXTERIOR YARD				X		DISPOSE OF TRANSITE PIPES		40 LF		x				
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 1 cy		Name of Registered Landfill TRRF Landfill		City, State West Long Branch, NJ		Disposal Date 7/15/16		City, State TULLYTOWN, PA		
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 		Date 6/30/16								

06/28/2016 03:28PM 2013297440

BEST REMOVAL INC

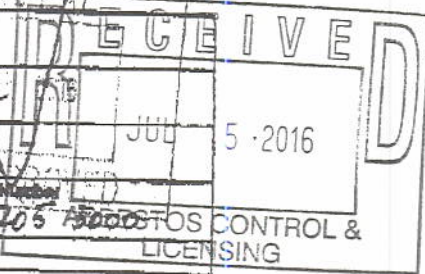
PAGE 04/04

WAIVER REQUEST
EMERGENCY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

CK# 6231

Date of Notification (1) 10-28-2016		Name of Building Owner/Operator (2) BASE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	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 25 MIDDLESEX ESSEX TURNPIKE	City, State, Zip Code ISELIN NJ 08830
		Name of Contact R. SMALLEY	Telephone Number 732 205 1500



Name of Facility Where Abatement is Taking Place (3) BASE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, hospitals, etc.)	
Street Address 25 MIDDLESEX ESSEX TURNPIKE		Square Feet 100,000	# of Floors 3
City (5) ISELIN		Bldg. Age 61 YRS	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) R&D OFFICE/LABS	
Name of Monitoring Firm Hired by Building Owner (8) EHI	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address 655 WEST SHORE TRAIL		Street Address 450 South River St	
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm JP VAN DAELEN	Telephone No. 973 729 2649	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 7-1-2016	Scheduled Completion Date (11) 7-6-2016	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4AM-1AM AND 7AM-5AM		Street Address 280 Bayler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Containment with Positive Pressure <input type="checkbox"/> Full Containment with Neutral Pressure <input type="checkbox"/> Full Containment with Mixed Pressure <input type="checkbox"/> Full Containment with Variable Pressure <input type="checkbox"/> Full Containment with Other Pressure		City, State, Zip Code S. Hackensack, N.J. 07606	

Location of Asbestos-Containing Material (ACM) to be Abated (13) IN Facility	Is Location Normally Used Solely by Maintenance/ Contractor Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfing, VMT, or other miscellaneous)	Amount (Specify SF or LB)	Abatement Type		
	Yes	No	N/A			Partial	Full	Other
PILOT PLANT			X	THERMAL INSULATION	130 SF	X		

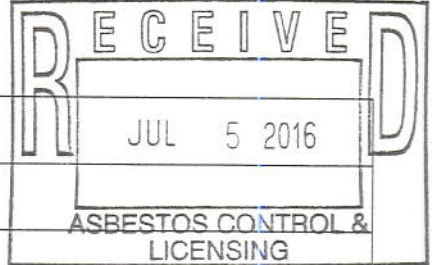
Name of Registered Waste Handler Best Removal Inc	NJDEP Waste Handler ID No. 17109	Cubic Yards of Waste 3405	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601	Disposal Date 7-6-16	City, State Waynesburg, Oh. 44688	
Completed by R. Veldman	Title Estimator	Signature R. Veldman	Date 6-28-16

ASBP-01

* Do not use this form for asbestos removal emergency activities.

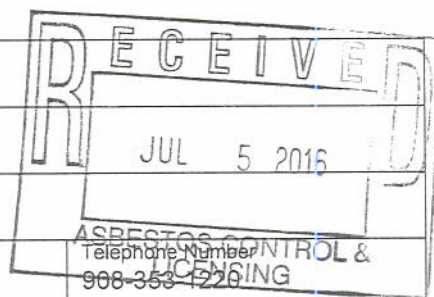
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 1881



Date of Notification (1) 6-21-2016		Name of Building Owner/Operator (2) Hudson View Center							
Agencies Notified	Type Notification	Street Address 9020 Wall Street							
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code North Bergen, NJ 07047							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Amendment # _____	Name of Contact Alex Reyes							
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number 201-681-4040							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation								
<input type="checkbox"/> DCA									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private building		Type of Facility (4)							
Street Address 9020 Wall Street		<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 Bergen, NJ 07047		Square Feet 7000	# of Floors 10						
County (6) Hudson		Bldg. Age 70+							
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) 6-21-2016	Scheduled Completion Date (11) 6-21-2016	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 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
Boiler room		X		pipe / joints ins.	30 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ			Disposal Date 6-21-2016	City, State					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 6-21-2016			

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

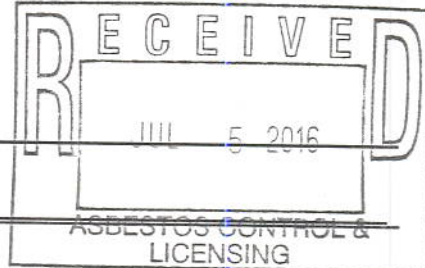


Date of Notification (1) 6-23-2016		Name of Building Owner/Operator (2) Elmora Hills Center							
Agencies Notified	Type Notification	Street Address 225 West Jersey Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Elizabeth, NJ 07202							
		Name of Contact Roberto Landers							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 225 West Jersey Street		Square Feet 15000	# of Floors 3						
City (5) Elizabeth		Bldg. Age 70+							
County (6) Union	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						
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) 6-23-2016	Scheduled Completion Date (11) 6-23-2016	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room		X		Pipe insulation	150 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ			Disposal Date 6-24-2016	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>			Date 6-23-2016			

D&S Proj. #: 16-195

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

CK # 005896



Date of Notification (1) 06/12/16		Name of Building Owner/Operator (2) yoon han	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact yoon han		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) yoon han			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/06/16		Sched. Completion Date (11) 07/20/16	Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	71 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space		<input checked="" type="checkbox"/>		transite board	55 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

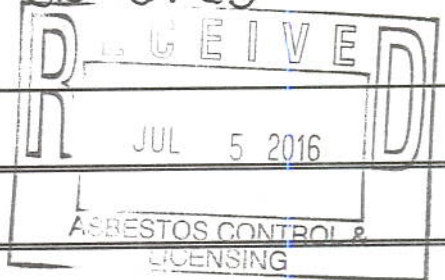
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/07/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/23/16

* Do not use this form for asbestos licensure exempted activities

D&S Proj. #: 16-178

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

CX# 6763



Date of Notification (1) 10/16/12 18/1/16		Name of Building Owner/Operator (2) karl fritsch	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code leonia, nj 07605	
		Name of Contact karl fritsch	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) karl fritsch			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) leonia	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/08/16		Sched. Completion Date (11) 08/15/16	Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

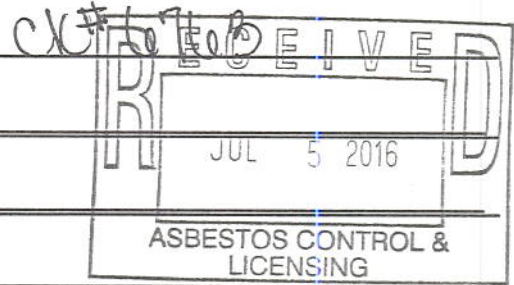
- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remov	Repa	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	70 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	40 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement bet. floor joist		<input checked="" type="checkbox"/>		ACM insulation	1 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/26/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/28/16

D&S Proj. #: 16-1969

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



Date of Notification (1) 06/12/16		Name of Building Owner/Operator (2) DONNA MELIA	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code EDISON, NJ 08818	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact DONNA MELIA	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DONNA MELIA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) EDISON	County (6) middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 07/11/16	Sched. Completion Date (11) 07/29/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

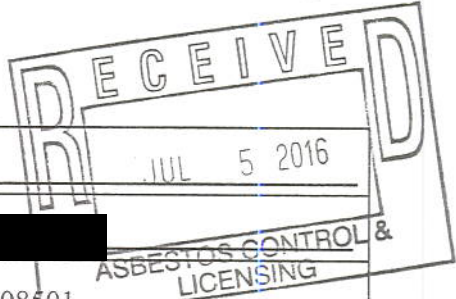
Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition				

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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
CRAWL SPACE		X		PIPE INSULATION	151 ft	X			
1ST FLOOR CLOSET		X		PIPE INSULATION	8 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/11/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/28/2016

CK #25206

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

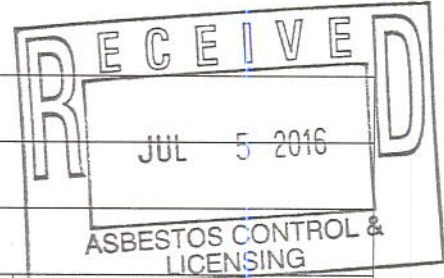


Date of Notification (1) <u>7/1/16</u>		Name of Building Owner/Operator (2) <u>Ritci</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code <u>Allentown, NJ 08501</u>							
		Name of Contact <u>Nick</u>	Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div>		Square Feet <u>3000</u>							
City (5) <u>Allentown, NJ 08501</u>		# of Floors <u>3</u>	Bldg. Age <u>150+/-</u>						
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	License No. <u>00493</u>						
Start Date (10) <u>7/11/16</u>	Scheduled Completion Date (11) <u>7/15/16</u>	Name of OSHA Monitor <u>DB Environmental</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>4 Berkeley Place</u>							
		City, State, Zip Code <u>Freehold, NJ 07728</u>							
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 type="checkbox"/> Renovation <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>1st floor</u>			<input checked="" type="checkbox"/>	<u>Duct Insulation</u>	<u>20 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Duct Insulation</u>	<u>10 lf</u>	<input checked="" type="checkbox"/>			
<u>2nd floor Bathroom</u>			<input checked="" type="checkbox"/>	<u>VAT</u>	<u>80 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/15/16</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/1/16</u>						

CK#1501902141

Print Form

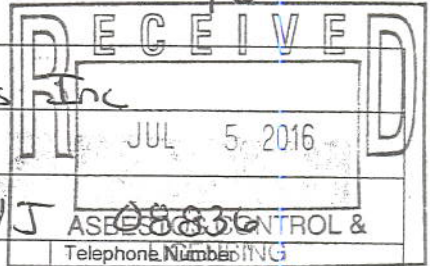
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/29/2016		Name of Building Owner/Operator (2) Marilyn Hart							
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 Mountainside, NJ 07092							
		Name of Contact Marilyn Hart	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Mountainside		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-34508685						
			License No. 00675						
Start Date (10) 07/10/2016	Scheduled Completion Date (11) 07/11/2016	Name of OSHA Monitor D&S Abatement, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		x		pipe insulation	20 LF	x			
crawl space		x		pipe insulation	90 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Ned Joksimovic		Title PM	Signature 			Date 06/29/2016			

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

Check # 9689



Date of Notification (1) June 30, 2016		Name of Building Owner/Operator (2) V.F.V. Properties Inc									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 508 City, State, Zip Code Martinsville NJ 08836 Name of Contact Frank Morano								
	Telephone Number 732-687-0474										
	FACILITY INFORMATION										
	Name of Facility Where Abatement is Taking Place (3) Single family Dwelling Street Address <div style="background-color: black; width: 200px; height: 30px;"></div> City (5) Bridgewater NJ 08807 County (6) Somerset County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Single family Dwelling										
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies Street Address P.O. Box 337 City, State, Zip Code New Egypt, NJ 08533 Project Manager for Monitoring Firm Steve Schenker Telephone No. 609 758-3365 Start Date (10) 7-11-16 Scheduled Completion Date (11) 7-22-16		Name of Abatement Contractor (9) EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 Telephone No. 609 758-3365 License No. 00394 Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____											
Scope of Work (Check All That Apply) <input checked="" 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair/Encapsulate/Enclosure</th> </tr> </thead> <tbody> <tr> <td align="center">X</td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> </tr> </tbody> </table>	Abatement Type		Removal	Repair/Encapsulate/Enclosure	X		X	
Abatement Type											
Removal	Repair/Encapsulate/Enclosure										
X											
X											
Bedrooms exterior walls	X X	Floor Tiles Siding Shingles	500 SF 700 SF								
Name of Registered Waste Hauler EPC Technologies City, State New Egypt NJ		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6 Disposal Date by 7-22-16								
Name of Registered Landfill Waste Management of PA City, State Morrisville PA		Completed by Steve Schenker Title President Signature Steve Schenker Date 6-30-16									

Open Window Date

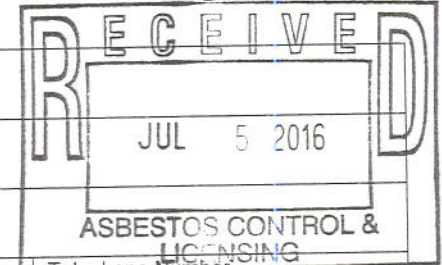
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK #9016
9030
9110

Date of Notification (1) 6/1/16		Name of Building Owner/Operator (2) EAST COAST ELMWOOD VILLAGE LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 5 2016 OS CONTROL & LICENSING </div>	
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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
City, State, Zip Code ELMWOOD PARK, N.J. 07407		Name of Contact WILLIAM PARHAM		Telephone Number 964-3950	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ELMWOOD VILLAGE APARTMENTS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 24 BOULEVARD #53			Square Feet 4000		
City (5) ELMWOOD PARK			# of Floors 2		
County (6) BERGEN			County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8) BIO TERRA ENVIRONMENTAL SERVICES LLC			Name of Abatement Contractor (9) A. MAC Contracting Inc		
Street Address 1130 WEST CHESTNUT STREET # 1224			Street Address 185 Vreeland Ave.		
City, State, Zip Code UNION, NJ 07083			City, State, Zip Code Midland Park, NJ 07432		
Project Manager for Monitoring Firm RICK EUSTACHIO			Telephone No. 973-494-3702		
Start Date (10) 4/4/16			Scheduled Completion Date (11) 11/1/16		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED CRAWL SPACES			Name of OSHA Monitor Omega Environmental Services Inc.		
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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			Street Address 280 Huyer Street		
			City, State, Zip Code Hackensack, NJ 07606		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Primarily Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
CRAWL SPACES		X		PIPE 81 500 LF	
STORAGE ROOMS		X		PIPE 84 LF	
BOILER ROOM		X		PIPE 32 LF	
Name of Registered Waste Hauler Newark Carting, Inc		N. DEP Waste Hauler ID No. 04509		Cubic Yards of Waste 81 6	
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/4/16		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
				City, State, Zip Code Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature <i>R. McDonald</i>	
				Date 3/25/16	

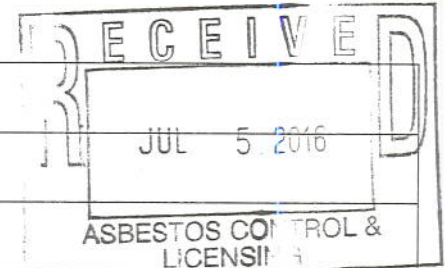
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 2958



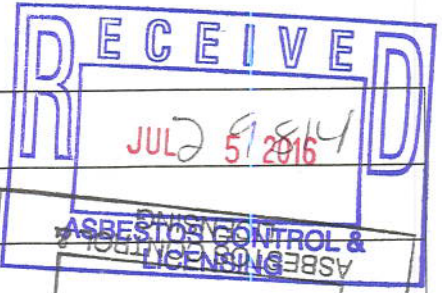
Date of Notification (1) June 29, 2016		Name of Building Owner/Operator (2) Kent Place School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Page 1 of 2 <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 42 Norwood Avenue City, State, Zip Code Summit, NJ 07902 Name of Contact Frank Lemire						
			Telephone Number 973-673-4667						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kent Place School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 42 Norwood Avenue		Square Feet	# of Floors 2						
City (5) Summit, NJ 07902		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 611 Industrial Way West		Street Address 235 Watchung Avenue							
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-380-1700	Telephone No. 973-669-2900						
		License No. 01231							
Start Date (10) June 13, 2016	Scheduled Completion Date (11) July 8, 2016	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2512 W Cary Street							
		City, State, Zip Code Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1st and 2nd Floor		X		Floor Tiles	6,730SF	X			
1st and 2nd Floor		X		UV Transite	1,200SF	X			
1st and 2nd Floor		X		Sink Undercoating	12SF	X			
1st and 2nd Floor		X		Mastic	400SF	X			
Name of Registered Waste Hauler Future Sanitation Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility					
City, State Passaic, NJ 07055			Disposal Date	City, State Tullytown, PA					
Completed by Barbara Reed		Title President	Signature 	Date June 29, 2016					

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



Date of Notification (1) June 29, 2016		Name of Building Owner/Operator (2) Kent Place School							
Agencies Notified	Type Notification	Street Address 42 Norwood 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 Page 2 of 2 <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07902							
		Name of Contact Frank Lemire	Telephone Number 973-673-4667						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kent Place School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 42 Norwood Avenue		Square Feet	# of Floors 2						
City (5) Summit, NJ 07902		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 611 Industrial Way West		Street Address 235 Watchung Avenue							
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-380-1700	License No. 01231						
Start Date (10) June 13, 2016	Scheduled Completion Date (11) July 8, 2016	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2512 W Cary Street							
		City, State, Zip Code Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1st and 2nd Floor		X		Pipe Insulation	1,725LF	X			
Exterior		X		Vapor Barrier	4,000SF	X			
Basement		X		Pipe Insulation	150LF	X			
Room A3		X		Glue Dobs	250SF	X			
Name of Registered Waste Hauler Future Sanitation Inc.		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State Passaic, NJ 07055				Disposal Date	City, State Tullytown, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>	Date June 29, 2016				

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



Date of Notification (1) June 29, 2016		Name of Building Owner/Operator (2) AHS Properties	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 Harrow Road	
		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Tom	

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 [REDACTED]			Square feet 1800 sf		
City Lyndhurst	County (6) Bergen	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
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) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 7/11/16		Scheduled Completion Date (11) 7/12/16		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	1700 sf	X			

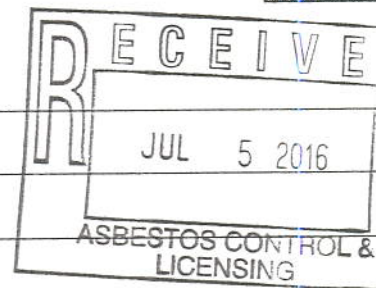
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 7/13/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 6/29/2016

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

CR# 4698

Print Form

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



Date of Notification (1) 06/30/16		Name of Building Owner/Operator (2) MAYER WEINSTEIN	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 ELIZABETH, NJ 07208	
		Name of Contact MAYER WEINSTEIN	Telephone Number [REDACTED]

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, homes, etc.)	
Street Address [REDACTED]		Square Feet 3,000 SF	# of Floors 3
City (5) ELIZABETH, NJ		Bldg. Age	
County (6) UNION COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8) -		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 07/10/16	Scheduled Completion Date (11) 07/11/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)			
<input 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
INTERIOR				ACM PIPE INSULATION	170 LF	X			
INTERIOR				ACM FLOOR TILE	600 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10 YARDS	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 07/11/16	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature [Signature]	Date 06/30/16

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

CL # 2886

Date of Notification (1) 6/29/2014 Check # 2886		Name of Building Owner/Operator (2) Our Lady of Lourdes Church	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Valley Way	
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Fr James Ferry	Telephone Number 201-207-4590

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rectory-basement		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 Valley Way		Square Feet 2,000	# of Floors 2
City (5) West Orange, NJ		Bldg. Age 50+	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Rectory Church	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Servoces 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) 7/9/16	Scheduled Completion Date (11) 7/13/16	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

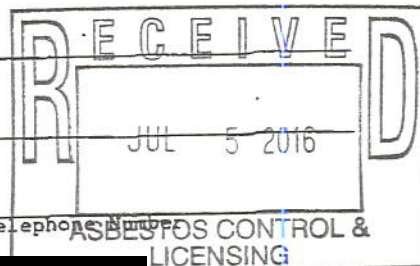
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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-Boiler Room		X		Boiler Insulation	30 SF		X		

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill Grand Central Sanatory Landfill
City, State Wayne, NJ		Disposal Date tbd	City, State Pen Argyl, PA
Completed by Gina Betances	Title Office Manager	Signature 	Date 6/29/2016

Date of Notification (1) 06/28/16		Name of Building Owner/Operator (2) Mrs. Carmichael	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Piscataway, NJ 08854	
Name of Contact Mrs. Carmichael		Telephone Number [REDACTED]	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence - Basement Street Address [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Piscataway, NJ 08854			County (6) Middlesex		
County Code (7) (STATE USE ONLY)			Square Feet 2,000		
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address [REDACTED]			# of Floors 2		
City, State, Zip Code			Bldg. Age 60		
Project Manager for Monitoring Firm			Current Use (Prior if being demolished) Residence		
Telephone Number			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Scheduled Start Date (10) 07/09/16			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 07/11/16			City, State, Zip Code Clifton, NJ 07013-1935		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Telephone Number 973-614-0377		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf			License Number 00807		
			Name of OSHA Monitor Four Strong Builders, Inc.		
			Street Address 180 Sargeant Avenue		
			City, State, Zip Code Clifton, NJ 07013		

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C I S U R E	
Basement	<input checked="" type="checkbox"/>	Pipe insulation	130 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 6/28/16

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

CK# 25391

R E C E I V E
JUL 5 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06 / 30 / 16		Name of Building Owner/Operator (2) Dr. David Matalon / GooGooMa LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Western Ave City, State, Zip Code Morris Township Name of Contact Lowell DeGrote Telephone Number (651)331-8467	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morristown Animal 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 400 Western Ave		Square Feet 2,500	
City (5) Morris Township		# of Floors 2	Bldg. Age 200
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Animal Hospital	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive		
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm Jean Paul Von Doehren		Telephone No. (609) 704-8850	Telephone No. 973-808-1616	License No. 00411
Start Date (10) 07 / 18 / 16	Scheduled Completion Date (11) 07 / 29 / 16	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006	
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Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall/Ceiling Plaster w/ Joint Comp.	7,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior - Boiler / Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rope Gasket / Window Caulk	10 LF / 22 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perimeter Flashing	100 LF	<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. SW2117	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Enterprises	
City, State New Castle, DE		Disposal Date 7/29/2016		City, State Waynesburgh, OH	
Completed By (Print or Type) Nick Petrovski	Title President	Signature 		Date 6-30-16	