

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

Ch # 3230

Date of Notification (1) <u>6</u> / <u>29</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Mansfield Twp. Board of Education</b>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL - 6 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL &amp; LICENSING</div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Mansfield Road East</b>							
		City, State, Zip Code <b>Columbus, NJ 08022</b>							
		Name of Contact <b>Fred Knaak</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>John Hydock Elementary School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>19 Locust Avenue</b>									
City (5) <b>Columbus, NJ 08022</b>				Square Feet	# of Floors				
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1253 N Church St.</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Jim Guildardi</b>		Telephone No. <b>856-840-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <u>7</u> / <u>19</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>21</u> / <u>17</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / ____ PM - ____ AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
Janitor's closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium Foyer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	25 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>6-29-17</b>				



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

MD 24498371687

Date of Notification (1) 06/27/17		Name of Building Owner/Operator (2) Patricia McCarthy	
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 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 Westwood, NJ 07675	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Patricia McCarthy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Westwood		Bldg. Age	
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)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement Services & Solutions
Street Address		Street Address 8600 Newkirk Ave	
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm		Telephone No. 201-951-6310	License No. 01223
Start Date (10) 07/07/17	Scheduled Completion Date (11) 07/21/17	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAST SUITE 107	
		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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

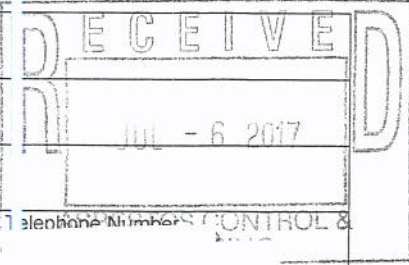
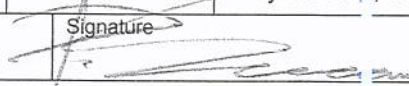
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement				VAT	1200 SF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.
City, State HILLSIDE, NJ		Disposal Date	City, State MORRISVILLE PA
Completed by Bryan Parra	Title Project Manager	Signature <i>Bryan Parra</i>	Date 06/27/17



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(Pursuant to NJAC 8:60 and 12:120)

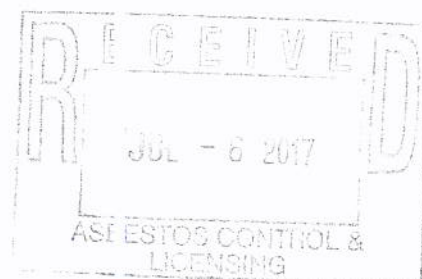
CHECK # 2339

Date of Notification (1) 6/26/2017		Name of Building Owner/Operator (2) Passaic County Community College							
Agencies Notified		Type Notification				Street Address 1 College Boulevard			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Paterson, NJ 07505			
						Name of Contact Mr. Brian Egan, AVP Facilities			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Passaic				Square Feet 2,000	# of Floors 2				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior to being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____		Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address				Street Address 1385 Valley Road, Suite K					
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. (973) 928-5040	License No. 00874				
Start Date (10) 7/6/2017		Scheduled Completion Date (11) 7/16/2017		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K					
<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 Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 (F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached							X		
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 6/26/2017			



CHECK # 2339

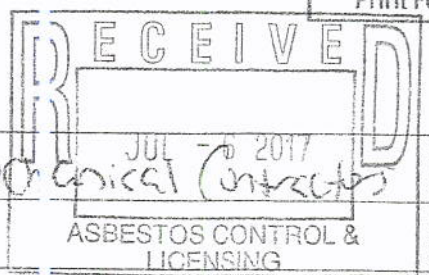
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	85 LF	x			
Basement		x		Window Glazing	25 LF	x			
Living Room		x		Wall - Plaster Patch	5 SF	x			
Second Floor		x		Floor Tiles/Floor Sheeting	950 SF	x			
Roof - Front Porch		x		Roof Pitch Pockets	30 SF	x			
Upper Pitched Roof		x		Roofing Cement/Flashing	15 SF	x			





CR# 3189

State of New Jersey  
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(Pursuant to NJAC 8:60 and 12:120)

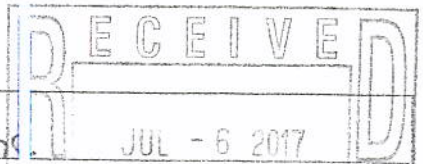


Date of Notification (1) 7/1/17		Name of Building Owner/Operator (2) Mark Woszczak Mechanical Contractors	
Agencies Notified	Type Notification	Street Address 1700 Atlantic Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Marlborough, NJ 08730	
		Name of Contact Mark	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) M. Woszczak Mechanical Contractors Property		Type of Facility (4)	
Street Address 1420 Meetinghouse Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 1 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wool		Square Feet 3000	# of Floors 2
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 55+
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 7/2/17	Scheduled Completion Date (11) 7/18/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-3PM		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 23 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted *) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) basement	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) pipe wrap
	Yes	No	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3
City, State Colts Neck, New Jersey		Disposal Date 7/18/17	Name of Registered Landfill Easton PA
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree	Date 7/1/17



CK# 3189

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 2:60 and 12:120)



Date of Notification (1) 7/1/17		Name of Building Owner/Operator (2) The Ferber Company, Inc.							
Agencies Notified	Type Notification	Street Address 151 Sawgrass Corners, Inc.							
<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 Porte Vedra Beach, FL 32082							
		Name of Contact Jason							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ferber Property		Type of Facility (4)							
Street Address 1138 South Avenue West		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield		Square Feet 3500	# of Floors 1						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Auto Garage							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Rd							
		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 7/1/17	Scheduled Completion Date (11) 7/7/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		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 checked="" type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			X	roofing	200 LF	X			
roof			X	flashing	300 LF	X			
roof			X	tar	20 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 20	Name of Registered Landfill Chriss Landfill					
City, State Colts Neck, New Jersey		Disposal Date 7/7/17		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree		Date 7/1/17			



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

Date of Notification (1) <b>6/27/17</b>		Name of Building Owner/Operator (2) <b>Butler Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>38 Bartholdi Ave.</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <b>Butler, NJ 07405</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact <b>Barbara Murphy</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 2	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**CK # 1019**

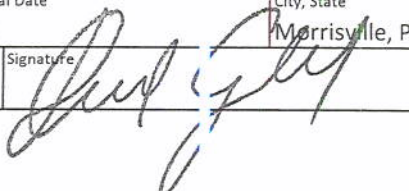
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**JUL - 6 2017**

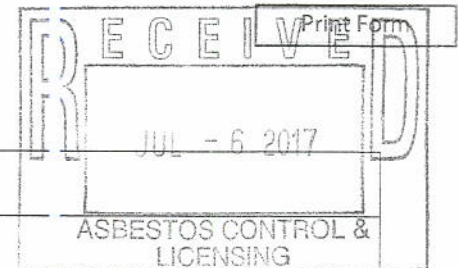
**ASBESTOS CONTROL & LICENSING**

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Richard Butler School</b>		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 <b>3 Pearl Place</b>		Square Feet <b>22,000+</b>	# of Floors <b>1</b>
City (5) <b>Butler</b>		Bldg. Age <b>50+ yrs</b>	
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirovision Consultants, LLC</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>
Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>		Street Address <b>32 Willow Way</b>	
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Woodland Park, NJ 0724</b>	
Project Manager for Monitoring Firm <b>Frederick Larson</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>973-333-9176</b>
Start Date (10) <b>7/3/17</b>		Scheduled Completion Date (11) <b>7/11/17</b>	License No. <b>01331</b>
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>Envirovision Consultants, Inc.</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>	
<input type="checkbox"/> Other - Describe: _____			
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
		<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	XXX			Pipe Insulation, fittings, elbows, joints, valves, etc.	276 LF	XX			
BOILER ROOM	XXX			Breeching/Duct Insulation	140 SF	XX			

Name of Registered Waste Hauler <b>Unicorn Contracting Corp.</b>		NJDEP Waste Hauler ID No. <b>0035844</b>	Cubic Yards of Waste <b>20+</b>	Name of Registered Landfill <b>Fairless Hills Landfill</b>
City, State <b>Woodland Park, New Jersey</b>		Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>	
Completed by <b>Dimo Golcev</b>	Title <b>General Manager</b>	Signature 	Date <b>6/27/17</b>	

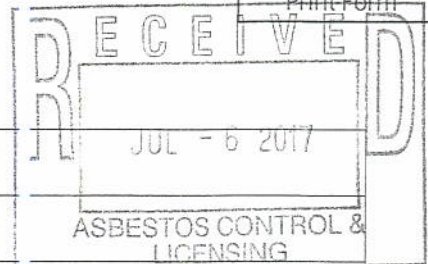
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/27/17		Name of Building Owner/Operator (2) Atlantic Site Construction							
Agencies Notified	Type Notification	Street Address 1144 East County Line Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Shlomo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 201 East 4th St Lakewood		Type of Facility (4)							
Street Address 201 East 4th St		<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) Lakewood		Square Feet	# of Floors						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)						
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 0870							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		732-668-9078	1200						
Start Date (10) 7/7/17	Scheduled Completion Date (11) 7/10/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 0870							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	00 SF	x			
EXTERIOR				Siding	1500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 7/10/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			



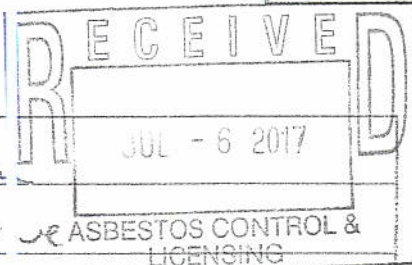
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06-29-2017		Name of Building Owner/Operator (2) Cate Gundlah							
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 Paramus NJ 07652							
		Name of Contact Cate Gundlah	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet n/a	# of Floors N/A						
City (5) Paramus NJ 07652		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 07-08-2017		Scheduled Completion Date (11) 07-15-2017	License No. 01266						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	120 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 3 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 07-22-1017		City, State Morrisville PA					
Completed by Tome Maslatskov		Title Project Manager		Signature 		Date 06-29-2017			

CK# 3188

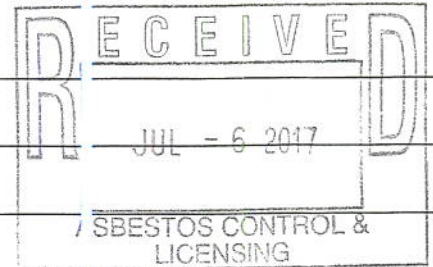
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 2:60 and 12:120)



Date of Notification (1) 6/29/17		Name of Building Owner/Operator (2) The Ferber Company Inc.							
Agencies Notified	Type Notification	Street Address 151 Sawgrass Corners Dr							
<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 Ponte Vedra Beach, FL 32082							
		Name of Contact J. W. W.	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ferber property		Type of Facility (4)							
Street Address 1130-1136 South Ave West		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield	Square Feet 5000	# of Floors 2	Bldg. Age 60+						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) former body shop							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey							
Telephone No.		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 7/8/17	Scheduled Completion Date (11) 7/14/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
Office restroom			X	flooring	1700	X			
roof			X	flashing	530	X			
roof			X	tar	100				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 7	Name of Registered Landfill Chrins Landfill					
City, State Colts Neck, New Jersey		Disposal Date 7/14/17		City, State Easton PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>[Signature]</i>		Date 6/29/17			



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



Date of Notification (1) 6-28-2017		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified	Type Notification	Street Address 520 Market Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08101							
		Name of Contact Andrew Ricco	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Structure		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 447-449 Kaighn Avenue		Square Feet	# of Floors						
City (5) Camden		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No. 856.466.6452	License No. 01339						
Start Date (10) ASAP	Scheduled Completion Date (11) 8-25-2017	Name of OSHA Monitor Andrew Ricco							
Occupancy Status During Abatement (Check Only One)		Street Address 282 Creek 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 Bellmawr, NJ 08031							
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) <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
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W. S. North Landfill					
City, State Bellmawr, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Ricco		Title Owner		Signature 		Date 6-28-2017			

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

Date of Notification (1) <b>6/28/2017</b>		Name of Building Owner/Operator (2) <b>Camilla Finch</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>JUL - 6 2017</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>South Orange, NJ, 07079</b>		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Camilla Finch</b>		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation			
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Camilla Finch</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) <b>South Orange</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>7- 11- 17</b> Month    Day    Year		Sched. Completion Date (11) <b>7- 12- 17</b> Month    Day    Year		Name of OSHA Monitor <b>N/A</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

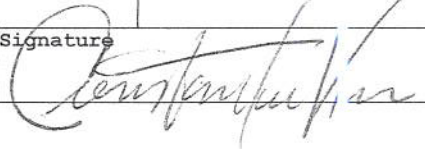
## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	0 LF	X			
Basement			X	Bare Pipe wash & clean	00 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>7-13-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>6/28/2017</b>	



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

Date of Notification (1) <b>6/28/2017</b>		Name of Building Owner/Operator (2) <b>Patricia Molino</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUL - 6 2017</b>  <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> JEPA <input type="checkbox"/> JDEP <input checked="" type="checkbox"/> JDOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Carlstadt, NJ, 07072</b>		
		Name of Contact <b>Patricia Molino</b>		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Patricia Molino</b>			Type of Facility 4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>1056</b>	# of Floors <b>2</b>	Bldg. Age <b>117</b>
City (5) <b>Carlstadt</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	

Scheduled Start Date (10) <b>07 07 2017</b> Month Day Year	Sched. Completion Date (11) <b>07 08 2017</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address
		City, State, Zip Code

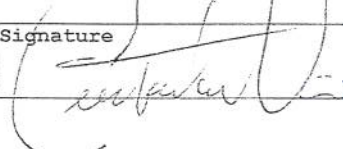
Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf

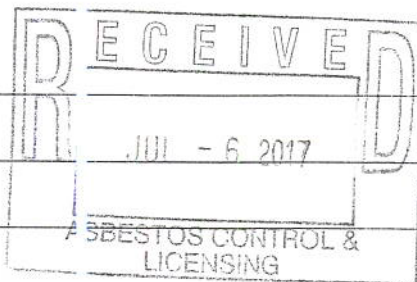
☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	80 LF	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>07/09/2017</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/28/2017</b>		

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



Date of Notification (1) <b>06/27/17</b>			Name of Building Owner/Operator (2) <b>Mark Shulman</b>		
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code <b>Millburn, NJ 07041</b> Name of Contact <b>Mark Shulman</b>	
<div style="text-align: right;">Telephone Number</div>					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Private House</b>				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Millburn</b>				Square Feet	Bldg. Age
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Competent Supervisor</b>			ASCM No.	Name of Abatement Contractor (9) <b>Academy Construction Inc.</b>	
Street Address			Street Address		
			<b>205 Rt. 46 West Suite 14</b>		
City, State, Zip Code			City, State, Zip Code		
			<b>Totowa, NJ 07512</b>		
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No.
				<b>973-832-4244</b>	<b>01155</b>
Start Date (10) <b>07/08/17</b>		Scheduled Completion Date (11) <b>07/15/17</b>		Name of OSHA Monitor <b>Same as above</b>	
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 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)
	Yes	No	N/A		
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>50 LF</b>
Name of Registered Waste Hauler <b>Academy Construction Inc.</b>			NJDEP Waste Hauler ID No. <b>034422</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Totowa, NJ</b>			Disposal Date <b>TBD</b>		City, State <b>Tullytown, PA</b>
Completed by <b>Filip Geleski</b>		Title <b>Supervisor</b>		Signature <i>Filip Geleski</i>	Date <b>06/27/17</b>



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

Date of Notification (1) 6/2/2017		Name of Building Owner/Operator (2) [REDACTED] LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  JUL - 6 2017  ENVIRONMENTAL CONTROL &amp; </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lavallette NJ							
		Name of Contact Frank Sica							
<b>FACILITY INFORMATION</b>									
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) Rahway NJ				Square Feet 2500SF	Bldg. Age +50				
County (6) Union		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) ACM Solutions Services LLC						
Street Address N/A			Street Address 1435 51st Street						
City, State, Zip Code N/A			City, State, Zip Code North Bergen NJ 07047						
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685	License No. 01320					
Start Date (10) 6/13/2017		Scheduled Completion Date (11) 6/25/2017		Name of OSHA Monitor Iris Environmental Laboratories					
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 07803					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			X	Glue dots	200SF	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 Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Appleutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President	Signature <i>[Signature]</i>	Date 6/2/2017					



**RECEIVED**  
PAGE 03/04  
JUL - 6 2017  
ASBESTOS CONTROL & LICENSING  
JUL 2 2017  
[Signature]  
[Stamp]

Check#2816

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 26:27 and 26:28)

Date of Notification (1)

06 / 26 / 17

Name of Building Owner/Operator (2)

Walther Bohne

Street Address

City, State, Zip Code

Kinnelon, NJ 07405

Name of Contact

Walther Bohne

Agencies Notified

☐ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA  
(NJAC 26:28-a)

Type Notification

☒ Initial  
☐ Amended  
Amendment #  
☒ Emergency (including justification)  
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

Kinnelon, NJ 07405

County (6)

Morris

**FACILITY INFORMATION**

Type of Facility (4)

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

Square Feet

2 of 1

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

Lic. No.

Start Date (10)

06 / 26 / 17

Scheduled Completion Date (11)

06 / 27 / 17

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. #35E

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ AM

Scope of Work (Check all that apply)

☒ > 3 sf or > 3 lf

☐ > 100 sf or > 200 lf

☒ Renovation

☐ Demolition

☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with negative Pressure  
☐ 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	Enclose
<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"/>

Basement

Pipe insulation

150 LF

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

HAZOP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Disposal Date

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Signature

[Signature]

Date

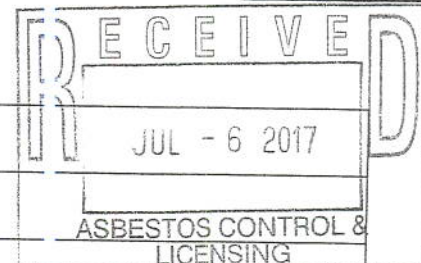
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\* Do not use this form for asbestos licensee exempted activities.

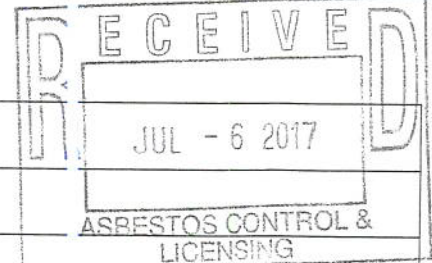


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/27/2017 checks numers 0040 and 0041		Name of Building Owner/Operator (2) Burnett School		JUL - 6 2017					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 Caldwell Avenue City, State, Zip Code Union NJ 07083 Name of Contact Barri loessel Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Burnett 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 1000 Caldwell Avenue			Square Feet 10000	# of Floors 3	Bldg. Age Over 70 y				
City (5) Unuion NJ 07083			Current Use (Prior if being demolished)						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Omega Enviromental services		ASCM No. _____		Name of Abatement Contractor (9) All Solutions Contracting INC					
Street Address 280 Huyler St		Street Address 24 Church St							
City, State, Zip Code South Hackensack nj 07606		City, State, Zip Code Elmwood Park NJ 07407							
Project Manager for Monitoring Firm geiser fajardo		Telephone No. (201)724-8135		License No. 01301					
Start Date (10) july-10-2017		Scheduled Completion Date (11) july-20-2017		Name of OSHA Monitor all Solutions Contracting NC					
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: 4:00 PM TO 12:00AM			Street Address 24 church st City, State, Zip Code Elmwood NJ 07407						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Room 117	x			Floor Tile and Plywood	690	x			
Room 138 B	x			Floor Tile and Mastic On Concrete	836	x			
Room 221	x			Floor Tile and Plywood	896	x			
Room 141	x			Floor Tile and Plywood	1,125	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste TDB	Name of Registered Landfill Grand Central				
City, State Pen Agryl		Disposal Date TDB		City, State Pen Agryl PA, 8072					
Completed by Luis Arcila		Title President		Signature 		Date 6/27/2017			

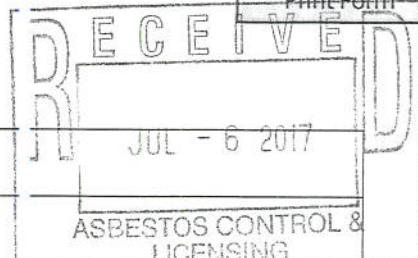
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/28/2017		Name of Building Owner/Operator (2) John Dirasse						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Caldwell, NJ 07006						
		Name of Contact John Dirasse	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Caldwell		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 07/12/2017	Scheduled Completion Date (11) 07/13/2017	Name of OSHA Monitor D&S 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 <input type="checkbox"/> Other - Describe: _____		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 3F or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	Pipe Insulation	50 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 Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 06/28/2017				

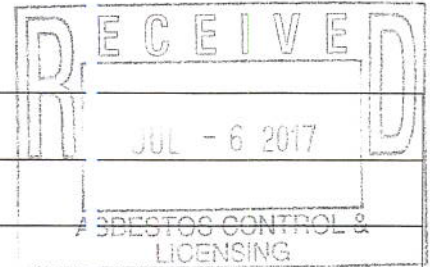


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/28/2017		Name of Building Owner/Operator (2) Justin McMahan							
Agencies Notified	Type Notification	Street Address							
<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 Verona, NJ 07044							
		Name of Contact Justin McMahan	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Verona		Square Feet N/A	Number 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. 973-345-8685	License No. 01311						
Start Date (10) 07/10/2017	Scheduled Completion Date (11) 07/11/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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 Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	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 Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 06/28/2017			

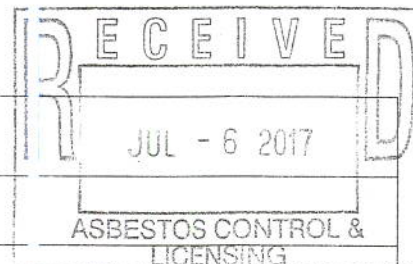
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/28/2017		Name of Building Owner/Operator (2) Dennis Barna							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Dennis Barna							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		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. 973-345-8685	License No. 01311						
Start Date (10) 07/14/2017	Scheduled Completion Date (11) 07/15/2017	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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Basement		X		Pipe Insulation	135 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 Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 06/28/2017			



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

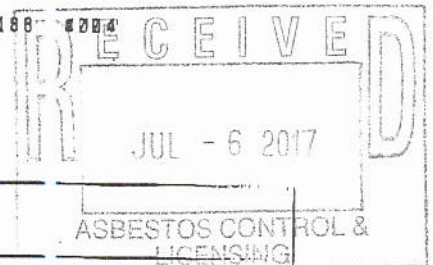


Date of Notification (1) <b>6 / 30 / 17</b>		Name of Building Owner/Operator (2) <b>Lenape Regional High School District</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>93 Willow Grove Road</b>							
		City, State, Zip Code <b>Shamong, NJ 08088</b>							
		Name of Contact <b>Anthony Vairo</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Lenape Regional High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>235 Hartford Road</b>		Square Feet <b>80,000</b>	# of Floors <b>2</b>						
City (5) <b>Medford</b>		Bldg. Age <b>80</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>PO Box 365</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>856-755-0099</b>						
Start Date (10) <b>07 / 06 / 17</b>		Scheduled Completion Date (11) <b>07 / 14 / 17</b>	License No. <b>00842</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Street Address <b>200 Route 130 North</b>		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>100 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>A201, A204, A205, A210, A213</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>07/14/2017</b>		City, State <b>Morrisville, NJ</b>					
Completed By (Print or Type) <b>Diana Lynch</b>		Title <b>Owner</b>		Signature <i>[Signature]</i>		Date <b>6/30/17</b>			

06/30/2017 12:01

NO. 188-0004

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:16)



Date of Notification (1) 8 / 30 / 17		Name of Building Owner/Operator (2) Lenape Regional High School District		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 93 Willow Grove Road City, State, Zip Code Shamong, NJ 08088 Name of Contact Anthony Volro Telephone Number _____	
Name of Facility Where Abatement is Taking Place (3) Lenape Regional High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 236 Hartford Road City (5) Medford County (6) Burlington		Square Feet 80,000 # of Floors 2 Bldg. Age 80		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCEM No. 117		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 385 City, State, Zip Code Berlin, NJ 08009		Street Address 823 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-452-1311 Telephone No. 856-765-0000 License # 00842	
Project Manager for Monitoring Firm Jim Proctor		Start Date (10) 07 / 06 / 17		Scheduled Completion Date (11) 07 / 14 / 17	
Name of OSHA Monitor EMSI Analytical, Inc.		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			
Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 280 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-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) A201, A204, A205, A210, A213		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation Amount (Specify SF or LF) 100 LF	
Name of Registered Waste Hauler Freshhold Cartage		NJDEP Waste Hauler ID No. 18939		Cubic Yards of Waste 1	
City, State Freshhold, NJ		Disposal Date 07/14/2017		Name of Registered Landfill GROWS North Landfill City, State Morrisville, PA	
Completed By (Print or Type) Diana Lynch		Title Owner		Signature _____ Date 6/30/17	

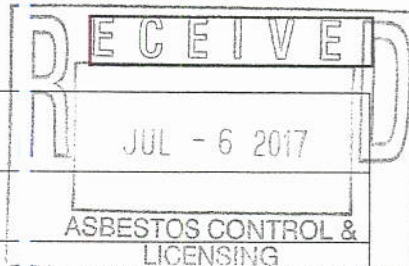
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\* Do not use this form for asbestos licensee exempt activities



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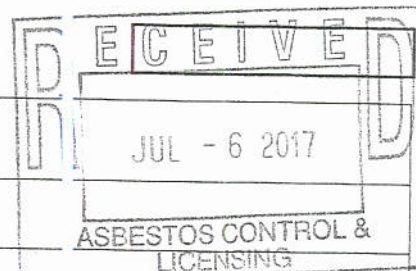
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 29 / 17		Name of Building Owner/Operator (2) John Cherekjian							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Rutherford, NJ 07070 Name of Contact John Cherekjian Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City (5) Rutherford, NJ 07070 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet of Floors Bldg. Age 							
County Code (7) (STATE USE ONLY) 		Current Use (Prior to being demolished) 							
Name of Monitoring Firm Hired by Building Owner (8) 		ASCM No. 	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 1127						
Project Manager for Monitoring Firm 		Telephone No. 	Telephone No. 						
Start Date (10) 07 / 18 / 17		Scheduled Completion Date (11) 07 / 19 / 17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 351 City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 	Date 06/29/17					

Check#2813

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



Date of Notification (1) 06 / 29 / 17		Name of Building Owner/Operator (2) Nancy Kaloud							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Flemington, NJ 08822							
		Name of Contact Nancy Kaloud	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	of Floors						
City (5) Flemington, NJ 08822		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)							
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.						
		973-638-1777	0127						
Start Date (10) 07 / 14 / 17	Scheduled Completion Date (11) 07 / 15 / 17	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation removal	30 S.F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>Nancy Kaloud</i>		Date 06/29/17			

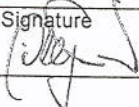
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\* Do not use this form for asbestos licensure exempted activities.



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

Date of Notification (1) 06/29/2017		Name of Building Owner/Operator (2) Readington Twp. Public Schools		ch# 4795	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 52 Readington Road			
		City, State, Zip Code Whitehouse Station, NJ 08889			
		Name of Contact Donald Race			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Whitehouse Station School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 Whitehouse Ave				Square Feet	# of Floors
City (5) Whitehouse Station				Bldg. Age	
County (6) Hunterdon		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 11 Tindall Road		Street Address 606 McBride Ave			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Woodland Park, NJ 07414			
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-1726		Telephone No. 973-225-8400	
License No. 11104					
Start Date (10) 07-11-2017		Scheduled Completion Date (11) 07-12-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: start 6 pm unoccupied				Street Address 2333 Route 22 West	
				City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" 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)
	Yes	No	N/A		
boys bathroom		X		air cell pipe insulation	30 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill
City, State Woodland Park, New Jersey				Disposal Date	City, State Morrisville, PA
Completed by Adriana Olejarova		Title president		Signature 	Date 06/29/2017





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

CK # 1066

Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) BCSI							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	146 Poplar St							
		City, State, Zip Code Ridgefield Park, NJ							
		Name of Contact Robert Cimmino							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		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) Westfield	Square Feet 3000	# of Floors 2	Bldg. Age 50+						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if building demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
License No. 01255									
Start Date (10) 7/3/17	Scheduled Completion Date (11) 7/6/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Shingles	1000 SF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 0035088	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 6/30/17			

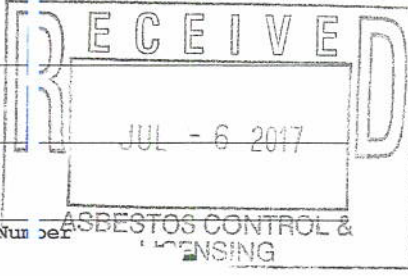


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CH# 4753

Date of Notification (1) <b>06/28/2017</b>		Name of Building Owner/Operator (2) Scotch Plains/Fanwood BOE		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold; margin-top: 5px;">JUL - 6 2017</div>					
Agencies Notified		Type Notification							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2280 Evergreen Avenue		City, State, Zip Code Scotch Plains, NJ 07076		<div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold;">ASBESTOS CONTROL &amp; TESTING</div>					
Name of Contact Anthony Miranda									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J. Ackerman Coles Elementary School				Type of Facility (4)					
Street Address 16 Kevin Road				<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.)					
City (5) Scotch Plains				Square Feet	# of Floors				
County (6) Union				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc		ASCM No. 0079		Name of Abatement Contractor (9) VMC Company Inc					
Street Address 20-10 Maple Avenue		City, State, Zip Code Fair Lawn, NJ 07410		Street Address 208 Piaget Avenue					
Project Manager for Monitoring Firm Willy Morales		Telephone No. 973-949-3525		Telephone No. 973-253-8828					
Start Date (10) <b>07/07/2017</b>		Scheduled Completion Date (11) <b>07/24/2017</b>		Name of OSHA Monitor VMC Company Inc					
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: <u>occupied</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe insulation	430 LF	X			
Boiler Room	X			Breeching insulation	550 SF	X			
Boiler Room	X			Interior insulation	8 SF	X			
Boiler Room	X			Rope gasket	40 LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Newark, NJ				Disposal Date	City, State Morrisville, F A				
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>		Date <b>06/28/2017</b>			

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

Date of Notification (1) <b>7/1/2017</b>		Name of Building Owner/Operator (2) <b>Rose Blessing</b>		
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Glen Ridge, NJ, 07028</b>		
		Name of Contact <b>Rose Blessing</b>		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Rose Blessing</b>			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) <b>Glen Ridge</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>07- 10- 17</b>	Sched. Completion Date (11) <b>07- 11- 17</b>	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

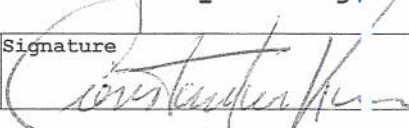
## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

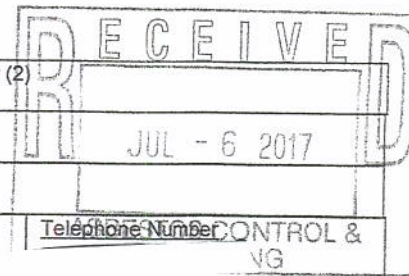
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	1 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>07-12-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>7/1/2017</b>		



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

Check # 554

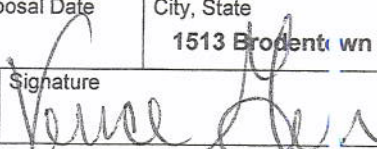


<b>Date of Notification (1)</b> 06-27-2017			<b>Name of Building Owner/Operator (2)</b> 500 High Street LLC		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial notification <input type="checkbox"/> Amended <input type="checkbox"/> Emergency notification <input type="checkbox"/> Cancelled		<b>Street Address</b> 163 Market Street	
				<b>City, State, Zip Code</b> Pert Amboy NJ 08861	
				<b>Name of Contact:</b> Michele Sandrik	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> Former General Cable Facility			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-1) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
<b>Street Address</b> 500 High Street			<b>Square Feet</b> 24,000 SF		<b># floors</b> 3
<b>City (5)</b> Pert Amboy	<b>County (6)</b> Middlesex	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 97		
			<b>Current Use (prior if being demolished):</b> Vacant Industrial Facility		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> N/A		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> BL Contracting, Inc.		
<b>Street Address</b>			<b>Street Address</b> 5 Marguerite Lane		
<b>City, State, Zip Code</b>			<b>City, State, Zip Code</b> Towaco 07082		
<b>Project Manager for Monitoring Firm</b>		<b>Telephone Number</b>	<b>Telephone Number</b> 973-901-0153		<b>License Number</b> 01265
<b>Scheduled Start Date (10)</b> 07/08/17		<b>Scheduled Completion Date (11)</b> 07/10/17		<b>Name of OSHA Monitor</b> BL Contracting Inc.	
<b>Occupancy Status During Abatement (Check only one)</b> <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			<b>Street Address</b> 5 Marguerite Lane		
			<b>City, State, Zip Code</b> Towaco, NJ 07082		
<b>Source of Work (Check all that apply)</b> <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"/> Non Exempt and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> Remove Repair Encap Enclose	
Exterior Bldg. Rear Tunnel		TSI on Pipe	40 LF	<input checked="" type="checkbox"/>	
<b>Name of Reg. Waste Hauler</b> Waste Management of Pennsylvania		<b>NJDEP Waste Hauler ID #</b> 0036784	<b>Cubic Yards of Waste</b> 4		<b>Name of Registered Landfill</b> T.R.R.F
			<b>Disposal Date</b> 07/12/17	<b>City, State</b> Tullytown, PA	
<b>Completed by (Print or Type)</b> Nedo Vasilic		<b>Title</b> President	<b>Signature</b> <i>Nedo Vasilic</i>		<b>Date</b> 06/27/2017



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

C# 125

Date of Notification (1) <div style="text-align: center;">06 / 23 / 17</div>		Name of Building Owner/Operator (2) <b>Joseph Vannelli</b>		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 150px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 150px;">JUL - 6 2017</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code <b>Vineland, NJ 08360</b>							
Name of Contact <b>Joseph Vannelli</b>		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet <b>1710 Sf</b> of Floors <b>1 Floors</b> Bldg. Age <b>53</b>					
City (5) <b>Vineland, NJ 08360</b>		County (6) <b>US; Salem CO.</b>		County Code (7) (STATE USE ONLY)					
Current Use (Prior to being demolished) <b>Resident</b>		Name of Monitoring Firm Hired by Building Owner (8)							
ASCM No.		Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>							
Street Address		Street Address <b>958 Jackson Rd</b>							
City, State, Zip Code		City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>609-561-1901</b>					
Start Date (10) <div style="text-align: center;">06 / 24 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 29 / 17</div>		Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / ____ PM - ____ AM				Street Address <b>958 Jackson Rd</b> City, State, Zip Code <b>Mays Landing, NJ 08330</b>					
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 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-Fixable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile/no mastic</b>	<b>100SqFt</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034500</b>		Cubic Yards of Waste		Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>			
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>		Disposal Date		City, State <b>1513 Broadtown Rd. Morrisville, PA</b>					
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>		Signature 		Date <b>6-23-17</b>			



CK# 3186

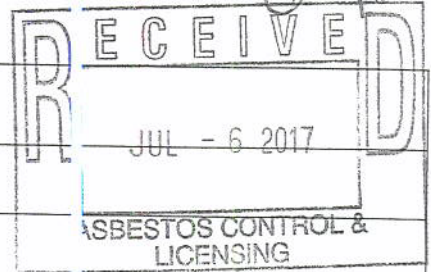
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

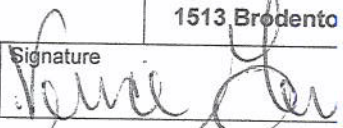
RECEIVED  
JUL - 6 2017

Date of Notification (1) 6/27/17		Name of Building Owner/Operator (2) Borough of Matawan						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 201 Main St		City, State, Zip Code Matawan, NJ 07747						
Name of Contact Joe		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Garvelly Brook Park		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 Block 120 lot 46 entrance on Claire Ct		Square Feet 300						
City (5) Matawan		# of Floors 1						
County (6) Monmouth		Bldg. Age 55+						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Concession Stand						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
City, State, Zip Code		Street Address 95 Montrose Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey						
Telephone No.		Telephone No. 732 294 1757						
Start Date (10) 7/6/17		Scheduled Completion Date (11) 7/10/17						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Name of OSHA Monitor						
Street Address		License No. 00029						
City, State, Zip Code								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Concession Stand			X	floor + 6 w/mats 150 lf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3		Name of Registered Landfill Chriss Lanfill		
City, State Colts Neck, New Jersey		Disposal Date 7/10/17		City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 6/27/17		



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

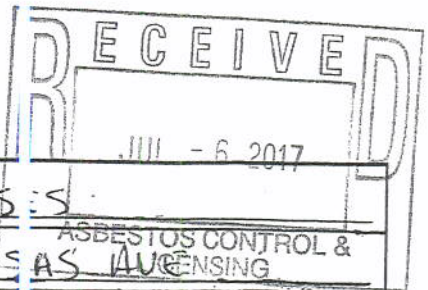


Date of Notification (1) <b>06 / 23 / 17</b>		Name of Building Owner/Operator (2) <b>Graham Asbury</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code <b>Haddonfield, NJ 08033</b>							
		Name of Contact <b>Graham Asbury</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City (5) <b>Haddonfield, NJ 08033</b>		Square Feet <b>2100Sf</b>	# of Floors <b>2 Floors</b> Bldg. Age <b>77</b>						
County (6) <b>US; Camden CO.</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <b>Resident</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>						
Street Address		Street Address <b>958 Jackson Rd</b>							
City, State, Zip Code		City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Project Manager for Monitoring Firm		Telephone No. <b>609-561-1901</b>	License No. <b>01158</b>						
Start Date (10) <b>06 / 24 / 17</b>	Scheduled Completion Date (11) <b>06 / 29 / 17</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / _____ PM- _____ AM		Street Address <b>958 Jackson Rd</b>							
		City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Duct Insulation</b>	<b>2SqFt</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Garage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transite</b>	<b>300Sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034500</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North</b>	Landfill & Tullytown				
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>			Disposal Date	City, State <b>1513 Brodenton Rd. Morrisville, PA</b>					
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>	Signature 		Date <b>6-23-17</b>				



CK 4256

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



Date of Notification (1) <u>6/23/17</u>		Name of Building Owner/Operator (2) <u>MASE ENTERPRISES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1401 N. ARKANSAS AVE</u> City, State, Zip Code <u>ATLANTIC CITY, N.J. 08041</u> Name of Contact <u>ANDY MASON</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>BRIGANTINE</u>		Bldg. Age <u>50+</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (If not being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>7-3-17</u>	Scheduled Completion Date (11) <u>7-10-17</u>	Name of OSHA Monitor <u>N/A</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	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
			Amount (Specify SF or LF) <u>750 SF</u>
			Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>ACUA</u>
City, State <u>MAPLE SHADE</u>	Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>6/23/17</u>



CK 4256

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

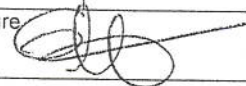


Date of Notification (1) <b>6-23-17</b>		Name of Building Owner/Operator (2) <b>PINELANDS CONSTRUCTION</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>300 77TH ST.</b>	City, State, Zip Code <b>SEA ISLE CITY N.J. 08243</b>
		Name of Contact <b>KIRANIK</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1500</b>	# of Floors <b>1</b>
City (5) <b>SEA ISLE CITY</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>W/CLAWT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>
Start Date (10) <b>7-3-17</b>	Scheduled Completion Date (11) <b>7-10-17</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b> <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			<b>X</b>
			<b>TRANSITE</b>
			<b>1500 SF</b>
			<b>X</b>
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste
City, State <b>MAPLE SHADE N.J. 08052</b>		Disposal Date	Name of Registered Landfill <b>C.M.C. W.U.A.</b>
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUP.</b>	Signature <i>[Signature]</i>
			Date <b>6-23-17</b>



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

*no ck*

Date of Notification (1) 06/30/2017		Name of Building Owner/Operator (2) Montclair Board of Education		check# 4759					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> IDOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 22 Valley Road		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUL - 6 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Lenny Saponara							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Northeast 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 603 Grove Street				Square Feet      # of Floors      Bldg. Age					
City (5) Montclair									
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave				Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078		Telephone No. 973-225-8400					
Start Date (10) 07-05-2017		Scheduled Completion Date (11) 07-08-2017		License No. 01104					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>				Name of OSHA Monitor Iris Environmental Laboratories, LLC					
				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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Principal office & main office				VAT & Mastic	738 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey				Disposal Date		City, State Morrisonville, PA			
Completed by Momo Glavatovic		Title Project manager		Signature 		Date 06/30/2017			



RECEIVED  
JUL - 6 2017  
ASBESTOS CONTROL &  
Telephone Number

PD 17066



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

CR # 3224

Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUL 6 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address <b>920 Park Avenue</b>							
<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 checked="" type="checkbox"/> Amended <b>R#3-6/23/17</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Plainfield NJ</b>							
		Name of Contact <b>Sean Sutton</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>			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 <b>1049 Central Avenue</b>			Square Feet <b>20,000</b>	# of Floor <b>1</b>	Bldg. Age <b>50</b>				
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>1253 N. Church Street</b>			Street Address <b>1123 BEAVER STREET</b>						
City, State & Zip Code <b>Moorestown NJ 08057</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>					
Scheduled Start Date (10) <b>6/26/17</b>	Scheduled Completion Date (11) <b>6/30/17</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 10:00 PM - 6:00 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>						
			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>First Floor Custodial Hallway</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation/Fittings</b>	<b>350LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG OH 44688</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>6/15/17</b>				



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



Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-6/20/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>920 Park Avenue</b> City, State & Zip Code <b>Plainfield NJ</b> Name of Contact <b>Sean Sutton</b>
			Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>		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 <b>1049 Central Avenue</b>		Square Feet <b>20,000</b>	# of Floors <b>1</b>
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7)	Bldg. Age <b>50</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>
Street Address <b>1253 N. Church Street</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>Moorestown NJ 08057</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>
Scheduled Start Date (10) <b>ON HOLD</b>		Scheduled Completion Date (11)	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>10:00 PM - 6:00 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL NC</b>	
Street Address <b>1123 BEAVER STREET</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
License Number <b>00509</b>			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

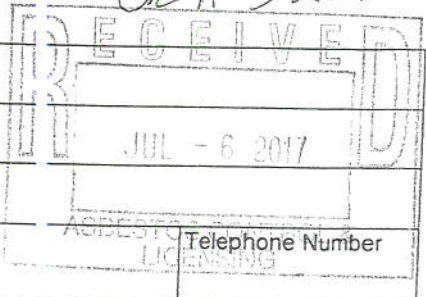
Name of Registered Waste Hauler <b>RVANCE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>WYCKS, DE 19720</b>	Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>TRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>6/15/17</b>



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

Ch # 3221

Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>	
Agencies Notified	Type Notification	Street Address <b>920 Park Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Plainfield NJ</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-6/19/17	Name of Contact <b>Sean Sutton</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address <b>1049 Central Avenue</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Plainfield</b>			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Union</b>	County Code (7)	Square Feet <b>20,000</b>	# of Floors	Bldg. Age <b>50</b>	
Current Use (Prior if being demolished) <b>School</b>					

Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
Street Address <b>1253 N. Church Street</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>Moorestown NJ 08057</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>June 21, 2017</b>	Scheduled Completion Date (11) <b>June 26, 2017</b>			

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Hours - 7am to 3pm  
Describe: **10:00 PM - 6:00 AM**

☐ Facility Occupied During Abatement

Name of OSHA Monitor  
**BRISTOL ENVIRONMENTAL INC**

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount Specify (SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	50LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>6/15/17</b>



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

APPROVED: TOM VOORHEE  
6/15/17

C# 3218

Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>920 Park Avenue</b> City, State & Zip Code <b>Plainfield NJ</b> Name of Contact <b>Sean Sutton</b>	

RECEIVED

JUL - 6 2017

ASBESTOS  
LICENSING

Telephone Number

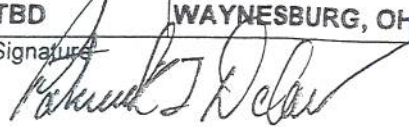
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>			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 <b>1049 Central Avenue</b>			Square Feet <b>20,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>1253 N. Church Street</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>Moorestown NJ 08057</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>June 20, 2017</b>		Scheduled Completion Date (11) <b>June 25, 2017</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 10pm -6am <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b> City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler <b>PRICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>WYCKS, DE 19720</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>TRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature 		Date <b>6/15/17</b>



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



Date of Notification (1) <u>6</u> / <u>29</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Edgewater Park Township School District</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial - <i>original</i> <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 Washington Ave</b> City, State, Zip Code <b>Edgewater Park, NJ 08010</b> Name of Contact <b>Robert Irwin/Nancy Lane</b>							
ASBESTOS CONTROL & LICENSING Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Anne C Jacques School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>25 Washington Ave</b>		Square Feet <b>30,000</b>							
City (5) <b>Edgewater Park, NJ 08010</b>		# of Floors <b>1</b>	Bldg. Age <b>50+</b>						
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Epic Environmental Services</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address <b>1930 Brown Rd</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 10</b>							
City, State, Zip Code <b>Newfield, NJ 08344</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>James Eberts</b>		Telephone No. <b>856-205-1077</b>	License No. <b>00847</b>						
Start Date (10) <u>6</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM</u> / <u>PM-2:00AM</u>		Street Address <b>1121 N. Bethlehem Pike - Suite 10</b> City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 Doorways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soffit Plaster	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Champion Waste Hauler</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grows-Tullytown</b>					
City, State <b>Hainesport, NJ</b>		Disposal Date <b>7/31/17</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>				Date <b>6-29-2017</b>			



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

Date of Notification (1) 6 / 12 / 17		Name of Building Owner/Operator (2) Edgewater Park Township School District		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   JUL - 6 2017   <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 25 Washington Ave				
		City, State, Zip Code Edgewater Park, NJ 08010				Name of Contact Robert Irwin/Nancy Lane				
						Telephone Number _____				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Anne C Jacques School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 25 Washington Ave				Square Feet 30,000						
City (5) Edgewater Park, NJ 08010				# of Floors 1						
County (6) Burlington				Bldg. Age 50+						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services			ASCN No. _____							
Street Address 1930 Brown Rd			Name of Abatement Contractor (9) Controlled Environmental Systems							
City, State, Zip Code Newfield, NJ 08344			Street Address 1121 N. Bethlehem Pike - Suite 30							
Project Manager for Monitoring Firm James Eberts			City, State, Zip Code Spring House, PA 19477							
Telephone No. 856-205-1077			Telephone No. 215 542 7000							
Start Date (10) 6 / 26 / 17			License No. J0847							
Scheduled Completion Date (11) 7 / 31 / 17			Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" 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-2:00PM/ PM-2:00AM				Street Address 1121 N. Bethlehem Pike - Suite 30						
				City, State, Zip Code Spring House, PA 19477						
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (F or LF)	Abatement Type				
						Removal	Repair	Encapsulate	Enclosure	
Exterior Doorways		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soffit Plaster	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doorways Throughout		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Transite Doorway Panels	00 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Champion Waste Hauler			NJDEP Waste Hauler ID No. _____		Cubic Yds Waste 2	<div style="border: 1px solid black; padding: 5px;"> <p><i>This is the original notification</i></p> <p><i>Not Question</i></p> <p><i>This line of ACM Transite Panels is incorrect &amp; is now removed off the Amendment notification</i></p> </div>				
City, State Hainesport, NJ			Disposal 7/31/17							
Completed By (Print or Type) Patricia Visco			Title Office Manager							
Signature <i>[Signature]</i>			Signature <i>[Signature]</i>							



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

Date of Notification (1) <div style="text-align: center;">3 / 13 / 17</div>		Name of Building Owner/Operator (2) Edgewater Park Township School District		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   JUL - 6 2017   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> OCELM <input type="checkbox"/> DOH <input type="checkbox"/> DOA <input type="checkbox"/> NJAC 8:23-3	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Washington Ave						
			City, State, Zip Code Edgewater Park, NJ 08010						
			Name of Contact Robert Irwin/Nancy Lane						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Anne O Jacques School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 25 Washington Ave, Beverly, NJ 08010				Square Feet 30,000	# of floors 1				
City, State, Zip Code Beverly, NJ 08010				Bldg. Age 50+					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Eco Environmental Services		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental System						
Street Address 1930 Brown Rd		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm James Eberts		Telephone No. 856-205-1077	Telephone No. 215 542 7000	License No. 0047					
Start Date (10) 3 / 24 / 17		Scheduled Completion Date (11) 4 / 2 / 17		Name of OSHA Monitor CES					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:00PM/ PM-12:00AM</u> <u>1121 N. Bethlehem Pike - Suite 60 - Spring House, PA 19477</u>				Street Address 1121 N. Bethlehem Pike - Suite 60					
Source of Work (Check all that apply) <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code Spring House, PA 19477					
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
Hallway/Boiler room Ceilings		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Drywall Joint Compound	>2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doorways Throughout		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		ACM Transite Doorway Panels	800 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"/>							
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 10	<div style="font-size: 1.2em; font-family: cursive;"> Panels were abated with this notification dated 3/13/17 </div>				
City, State Hatfield, PA		Disposal Date 4/2/17							
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>					



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

RECEIVED  
check 4/60  
JUL 9 2017

Date of Notification (1) <b>6-27-2017</b>		Name of Building Owner/Operator (2) <b>E. KIESEWETTER</b>				
Agency 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 [REDACTED]	ASBESTOS CONTROL & LICENSING			
		City, State, Zip Code <b>TENAFLY, NJ 07670</b>				
		Name of Contact <b>E KIESEWETTER</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>E. KIESEWETTER</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]						
City (5) <b>TENAFLY</b>	Square Feet <b>2000</b>	# of Floors <b>2</b>	Bldg. Age <b>100 YRS</b>			
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>7-7-2017</b>	Scheduled Completion Date (11) <b>7-8-2017</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
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: <b>8-AM - 5-PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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) 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		
				Removal	Repair	Encapsulate
<b>BASEMENT</b>	Yes No N/A	<b>THERMAL INSULATION</b>	<b>80 LF</b>	X		
<b>BASEMENT STORE ROOM</b>	Yes No N/A	<b>TRANSITE CEILING PANELS</b>	<b>75 SF</b>	X		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2 YD</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>7-8-17</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>R. Veldran</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>6-27-17</b>			

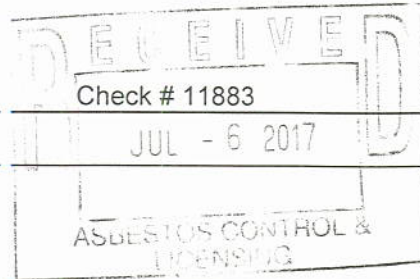
ASB-41

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



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

NO CK



Date of Notification (1) <b>June 28, 2017</b>		Name of Building Owner / Operator (2) <b>Charles Mullen</b>	
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	<p style="text-align: center; font-weight: bold;">CORRECTED</p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> City, State & Zip Code <b>Bridgewater, NJ 08807</b>	
		Name of Contact _____ Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>Bridgewater</b>		Square Feet <b>2,374</b>	# of Floors <b>2</b>
County (6) <b>Somerset</b>		Bldg. Age <b>97 years</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address		Street Address <b>829 Radio Road</b>	
City, State & Zip Code		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>July 8, 2017</b>	Scheduled Completion Date (11) <b>July 31, 2017</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Basement - Steam Lines		X		Pipe Wrap	170 LF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>August 1, 2017</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>June 28, 2017</b>	



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

Date of Notification (1) <b>June 28, 2017</b>		Name of Building Owner / Operator (2) <b>Charles Mullen</b>		Check #11883/ E D  JUL - 6 2017  ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Bridgewater, NJ 08807</b>  Name of Contact		
				Telephone Number

FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)		
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
City (5) <b>Bridgewater</b>	County (6) <b>Somerset</b>	County Code (7) <b>USE ONLY</b>	Square Feet <b>2,374</b>	# of Floors <b>2</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Bldg. Age <b>97 years</b>	
Street Address		Current Use (Prior if being demolished) <b>Residence</b>		
City, State & Zip Code		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
Project Manager for Monitoring Firm		Telephone Number	Street Address <b>829 Radio Road</b>	
Scheduled Start Date (10) <b>June 28, 2017</b>		Scheduled Completion Date (11) <b>July 31, 2017</b>	City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Occupancy Status During Abatement (Check only one)		Telephone Number <b>609-296-6916</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		License Number <b>00817</b>		
Scope of Work (Check all that apply)		Name of OSHA Monitor <b>Synatech, Inc.</b>		
<input checked="" type="checkbox"/> ≥3 sf or ≥ 3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address <b>829 Radio Road</b>		
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempt (*) and Non-Friable Procedure				

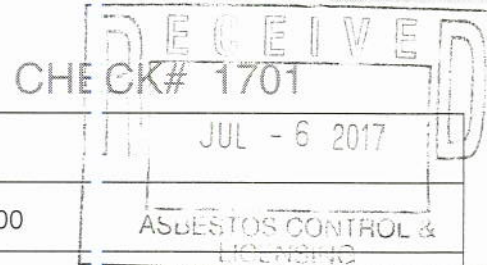
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) <b>170 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement - Steam Lines</b>		<b>X</b>		<b>Pipe Wrap</b>		<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ</b>	Disposal Date <b>August 1, 2017</b>	City, State <b>Morrisville PA</b>	Date <b>June 28, 2017</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	



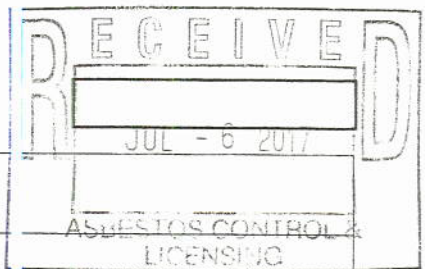
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/26/2017			Name of Building Owner/Operator (2) THE GOLDBERG GROUP						
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 630 SENTRY PARKWAY SUITE 300  City, State, Zip Code BLUE BELL PA 19422  Name of Contact TIMOTHY SMITH					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL				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 1555 ALMONESSON ROAD				Square Feet 5000	# of Floors 1				
City (5) DEPTFORD				Bldg. Age 20					
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____		Current Use (Prior to being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) THE VERTEX COMPANIES INC.			ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 700 TURNER WAY			Street Address 570 CLEMS RUN						
City, State, Zip Code ASTON PA 19014			City, State, Zip Code MULLICA HILL NJ 08062						
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-558-8902		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 07/07/2017		Scheduled Completion Date (11) 07/08/2017		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 RT. 130 NORTH					
				City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
FITTING ROOM			X	GLUE DOTS NF1	100 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ				Disposal Date 07/10/2017	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 			Date 06/26/2017		

Check#2822

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



Date of Notification (1) 06 / 29 / 17		Name of Building Owner/Operator (2) John Sophias	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
	City, State, Zip Code Hillsdale, NJ 07642		
	Name of Contact Tom Sophias	Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private 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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	Bldg. Age
City (5) Hillsdale, NJ 07642		County Code (7) (STATE USE ONLY)	
County (6) Bergen		Current Use (Prior to being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 17 / 17	Scheduled Completion Date (11) 07 / 18 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

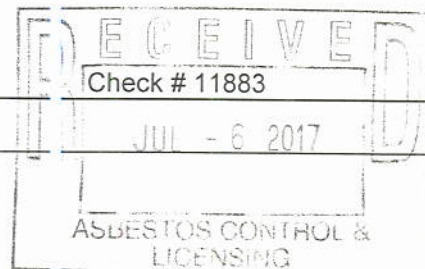
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	
		<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 06/29/17	



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



Date of Notification (1) <b>June 28, 2017</b>		Name of Building Owner / Operator (2) <b>Charles Mullen</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px;"></div> City, State & Zip Code <b>Bridgewater, NJ 08807</b>	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>		Square Feet <b>2,374</b>	# of Floors <b>1</b>
City (5) <b>Bridgewater</b>		Bldg. Age <b>97 years</b>	
County (6) <b>Somerset</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number		Telephone Number <b>609-296-6916</b>	
Scheduled Start Date (10) <b>June 28, 2017</b>		Scheduled Completion Date (11) <b>July 31, 2017</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		License Number <b>00817</b>	
		Name of OSHA Monitor <b>Synatech, Inc.</b>	
		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

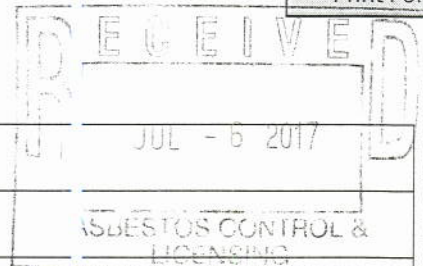
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Basement – Steam Lines</b>		<b>X</b>		<b>Pipe Wrap</b>	<b>170 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>August 1, 2017</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>June 28, 2017</b>

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

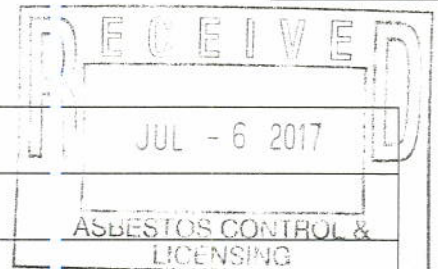


MO 244116777338

Date of Notification (1) 06/24/2017		Name of Building Owner/Operator (2) George Mitlenes						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Knolls, NJ 07927						
		Name of Contact George Mitlenes	Telephone _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A	No. of Floors N/A Bldg. Age N/A					
City (5) Mendham	County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 07/08/2017	Scheduled Completion Date (11) 07/12/2017	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <u>with RAP &amp; Cut</u> <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
Basement		X	Pipe Insulation	000 LF	X			
Garage		X	Pipe Insulation	50 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 Morrisville, PA				
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 06/24/2017				

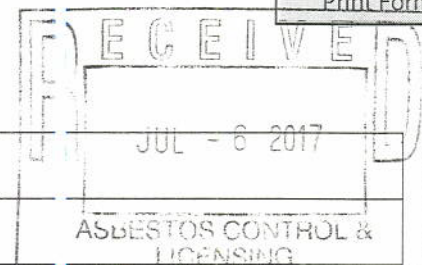


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/24/2017		Name of Building Owner/Operator (2) Beverley Gould							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Beverley Gould							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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) Maplewood		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. 973-345-8685	License No. 01311						
Start Date (10) 07/07/2017	Scheduled Completion Date (11) 07/08/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement		X		Pipe Insulation	140 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 Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 			Date 06/24/2017			

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



MO 0455826

Date of Notification (1) 06/24/2017		Name of Building Owner/Operator (2) Julia Alvarez	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Julia Alvarez	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		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) Bloomfield	Square Feet N/A	Number of Floors N/A	Bldg. Age N/A
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to 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. 973-345-8685	License No. 01311
Start Date (10) 07/06/2017	Scheduled Completion Date (11) 07/07/2017	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Totowa, NJ 07512	

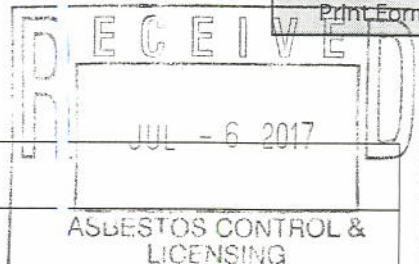
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
Basement		X		Pipe Insulation	45 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 Morrisville PA
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 06/24/2017



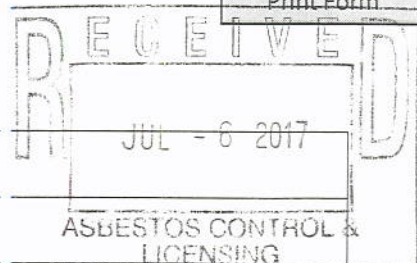
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



M0 6780308147

Date of Notification (1) 06/24/2017		Name of Building Owner/Operator (2) Joseph Doria							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<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 West Caldwell, NJ 07006  Name of Contact Joseph Doria							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West Caldwell		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
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.	License No.						
Start Date (10) 07/06/2017		Scheduled Completion Date (11) 07/07/2017	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 if or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	30 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 Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 06/24/2017			

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



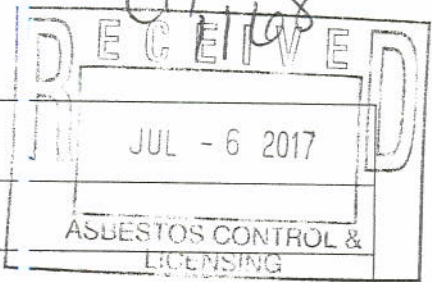
CK 1397

Date of Notification (1) 06/23/2017		Name of Building Owner/Operator (2) Stevens Institute of Technology	
Agencies Notified	Type Notification	Street Address 1 Castle Point On Hudson	
<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 Hoboken, NJ 07030	
		Name of Contact Kevin Klich	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Campus Building (school)		Type of Facility (4) <input checked="" 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 806 Castle Point Terrace		Square Feet N/A	Number of Floors N/A
City (5) Hoboken		Bldg. Age N/A	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School Campus	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc
Street Address 1253 N. Church Street		Street Address 11 Rosengren Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-840-8800	Telephone No. 973-345-8685
Start Date (10) 07/07/2017		Scheduled Completion Date (11) 07/10/2017	License No. 01311
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 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)
	Yes	No	
1 st floor stairwell		X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Landfill Waste Management of PA
City, State Morrisville, PA			
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 06/23/2017



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

NOCK



Date of Notification (1) <b>05 / 31 / 17</b>		Name of Building Owner/Operator (2) <b>Barry Callebaut USA, LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>600 w. Chicago Ave #860</b>	
		City, State, Zip Code <b>Chicago, IL 60654</b>	
		Name of Contact <b>Barry</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Warehouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1500 Suckie HWY</b>			
City (5) <b>Pennsauken, NJ 08110</b>		Square Feet <b>50,000Sf</b>	# of Floors <b>1 Floors</b> Bldg. Age <b>1921</b>
County (6) <b>Camden COUNTY</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <b>Warehouse</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>	
Street Address		Street Address <b>14 Read Drive</b>		
City, State, Zip Code		City, State, Zip Code <b>Sicklerville, NJ 08081</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>856-318-1341</b>	License No. <b>01158</b>

Start Date (10) <b>06 / 12 / 17</b>	Scheduled Completion Date (11) <b>07 / 16 / 17</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>	
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM/ PM- AM</b>		Street Address <b>14 Read Drive</b>	
		City, State, Zip Code <b>Sicklerville, NJ 08081</b>	

Scope of Work (Check all that apply)

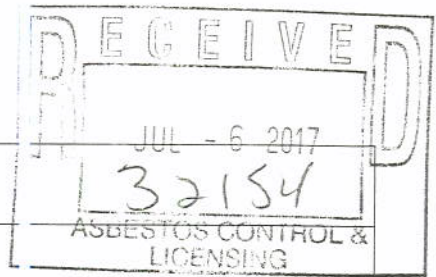
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos mud/refractory	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos boiler rope	60LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	700SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	100Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034600</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>	
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>		Disposal Date	City, State <b>1513 Brodentsown Rd. Morrisville, PA</b>		
Completed By (Print or Type) <b>Vernice Graham</b>	Title <b>President</b>	Signature <i>Vernice Graham</i>		Date <b>6-23-17</b>	



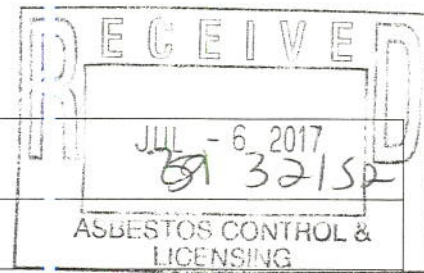
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <b>06 / 27 / 17</b>		Name of Building Owner/Operator (2) <b>Messercola Excavating Co., Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>549 East 3<sup>rd</sup> Street</b>							
		City, State, Zip Code <b>Plainfield, NJ 07060</b>							
		Name of Contact <b>Fernando Messercola</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Seaside Park</b>		Square Feet <b>1000 sf</b>	of Floors <b>1</b> Bldg. Age <b>65</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08751</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 10 / 17</b>	Scheduled Completion Date (11) <b>07 / 12 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Flexible 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
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>1000 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>07/12/17</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>6/27/17</b>			

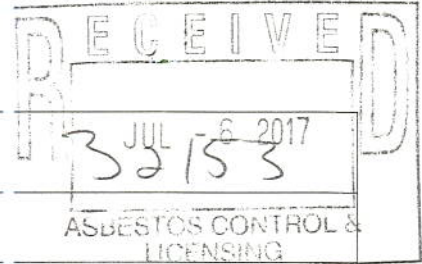


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 27 / 17</b>		Name of Building Owner/Operator (2) <b>NB Property Management, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>89 White Street, Apt. A</b>							
		City, State, Zip Code <b>Eatontown, NJ 07724</b>							
		Name of Contact <b>Hector Bonora</b>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Manasquan</b>	Square Feet <b>2000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>65</b>						
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 12 / 17</b>	Scheduled Completion Date (11) <b>07 / 14 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Removable 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/crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
porch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos transite	90 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>7/17/17</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>6/27/17</b>			

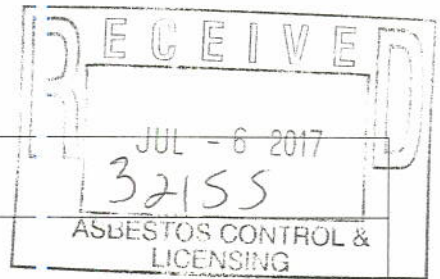
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 27 / 17</b>		Name of Building Owner/Operator (2) <b>Joshua Allen Thomas</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>Bayville, NJ 08721</b>							
		Name of Contact <b>Joshua Allen Thomas</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) <b>Seaside Park</b>		Square Feet <b>2000 sf</b>	of Floors <b>2</b>						
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 0875</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 10 / 17</b>	Scheduled Completion Date (11) <b>07 / 11 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 0885</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>7/12/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>6/27/17</b>			

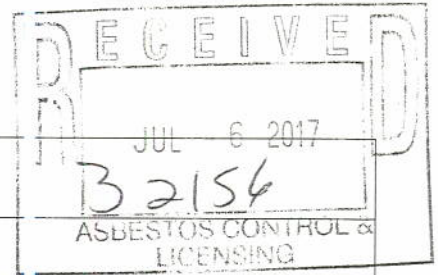


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 27 / 17</b>		Name of Building Owner/Operator (2) <b>Weldon Quarry Company</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>141 Central Avenue</b>							
		City, State, Zip Code <b>Westfield, NJ 07090</b>							
		Name of Contact <b>Rob Whaley</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Watchung</b>	Square Feet <b>1500 sf</b>	of Floors <b>2</b>	Bldg. Age <b>65</b>						
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 07 / 17</b>	Scheduled Completion Date (11) <b>07 / 14 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Facetable 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
furnance room & kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	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"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>07/17/17</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>6/27/17</b>			

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

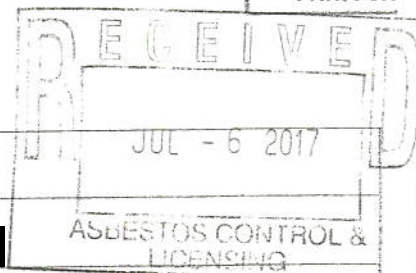


Date of Notification (1) <div style="text-align: center;">06 / 27 / 17</div>		Name of Building Owner/Operator (2) <b>Weldon Quarry Company</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>141 Central Avenue</b> City, State, Zip Code <b>Westfield, NJ 07090</b> Name of Contact <b>Rob Whaley</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>2500 sf</b>							
City (5) <b>Watchung</b>		Number of Floors <b>2</b>	Bldg. Age <b>65</b>						
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <div style="text-align: center;">07 / 07 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 14 / 17</div>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>garage &amp; laundry room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos pipe insulation</b>	<b>45 lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>07/17/17</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 		Date <b>6/27/17</b>				



Amendment #1

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

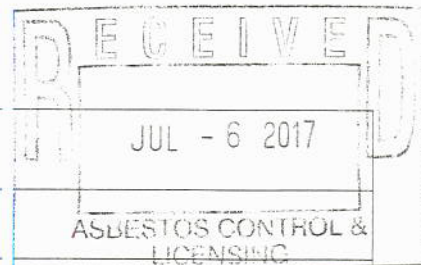


Date of Notification (1) <u>6/11/17</u>		Name of Building Owner/Operator (2) <u>m. ke Wilson</u>						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Long Branch, New Jersey</u>						
		Name of Contact <u>m. ke</u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Wilson Residence (garage) (condo house)</u>		Type of Facility ( )						
Street Address [REDACTED]		<input type="checkbox"/> School (K-1 ) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <u>Long Branch</u>	Square Feet <u>500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>					
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Garage + house</u>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <u>Ace Insulation Co., Inc</u>						
City, State, Zip Code		Street Address <u>95 Montrose Rd</u>						
Project Manager for Monitoring Firm		City, State, Zip Code <u>Colts Neck, New Jersey</u>						
Telephone No.		Telephone No. <u>732 294 1757</u>						
Start Date (10) <u>6/14/17</u>		License No. <u>00029</u>						
Scheduled Completion Date (11) <u>6/16/17</u>		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: <u>7AM - 7PM</u>		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-Exempt (*) 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
<u>Exterior-garage</u>			<input checked="" type="checkbox"/>	<u>Siding</u>	<u>500 lf</u>	<input checked="" type="checkbox"/>		
<u>Exterior-Roof+garage</u>			<input checked="" type="checkbox"/>	<u>roofing</u>	<u>2000 lf</u>	<input checked="" type="checkbox"/>		
		<u>Added material</u>						
Name of Registered Waste Hauler <u>Ace Insulation Co., Inc.</u>		NJDEP Waste Hauler ID No. <u>12086</u>		Cubic Yards of Waste <u>210</u>	Name of Registered Landfill <u>Chrins Landfill</u>			
City, State <u>Colts Neck, New Jersey</u>		Disposal Date <u>6/14/17</u>		City, State <u>Easton, PA</u>				
Completed by <u>Bree McGuire</u>		Title <u>Secretary Treasurer</u>		Signature <u>[Signature]</u>		Date <u>6/14/17</u>		



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

NOCK



Date of Notification (1) <u>06</u> / <u>22</u> / <u>17</u>			Name of Building Owner/Operator (2) <b>Manuel Lima</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code <b>Union City, NJ 07087</b> Name of Contact <b>Manuel Lima</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet <b>1,800</b>					
City (5) <b>Union City</b>				# of Floors <b>2</b>					
County (6) <b>Hudson</b>				Bldg. Age <b>80 yrs.</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>N/A</b>		Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>					
Street Address		Street Address <b>494 East 41st Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Paterson, NJ 07504</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>973-345-0022</b>					
Start Date (10) <u>06</u> / <u>24</u> / <u>17</u>		Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>17</u>		License No. <b>00507</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Name of OSHA Monitor <b>Same as above</b>					
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				Street Address  City, State, Zip Code					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Viable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>East Coast Haz Mat Removal, Inc.</b>		NJDEP Waste Hauler ID No. <b>419</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S., North W/M of PA</b>				
City, State <b>Paterson, NJ</b>		Disposal Date <b>6-30-17</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>James Unger</b>		Title <b>Sr. Estimator/Project Mgr.</b>		Signature 		Date <b>6-22-17</b>			



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LICENSING

ASB-41  
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*APPROVED BY*  
*TOM VOORHEES*  
6/21/17  
JUL - 6 2017  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 6 / 21 / 17		Name of Building Owner/Operator (2) <b>Virtua</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W Stow Road, Suite 3</b> City, State, Zip Code <b>Marlton, NJ 08053</b> Name of Contact <b>John Angelucci</b> Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Virtua - Berlin Campus</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>100 Townsend Avenue</b>		Square Feet	Bldg. Age						
City (5) <b>Berlin</b>		County (6) <b>Camden</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex Air Quality Services</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>700 Turner Way</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Aston, PA 19014</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Don Heim</b>		Telephone No. <b>610-558-8902</b>	License No. <b>00509</b>						
Start Date (10) 6 / 29 / 17	Scheduled Completion Date (11) 7 / 3 / 17	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
1st ECO Room & connected Camera Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and associated mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>7/3/17</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>6-21-17</b>			

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06/29/2017 12:28

NO. 13

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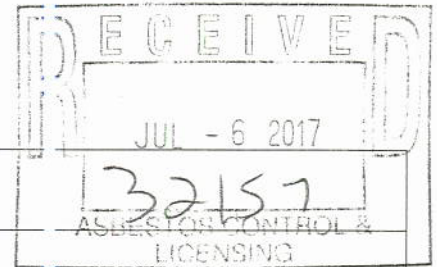
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 9:16)

Date of Notification (1) 6 / 28 / 17		Name of Building Owner/Operator (2) State of New Jersey		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 John Fitch Plaza City, State, Zip Code Trenton, NJ 08625 Name of Contact Georgette Bunch	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) New Jersey Department of Labor Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 John Fitch Plaza				Square Feet 50,000	
City (5) Trenton				# of Floors 11	
County (6) Mercer				Bldg. Age 80	
County Code (7) (STATE USE ONLY)				Current Use (Prior to being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 344 West State Street				Street Address 623 Cutler Avenue	
City, State, Zip Code Trenton, NJ 08618				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm William Welshberger		Telephone No. 609-915-1140		Telephone No. 856-755-0089	
Start Date (10) 06 / 28 / 17		Scheduled Completion Date (11) 08 / 29 / 17		License No. 00 42	
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/5:00PM-1:00AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
8th and 10th Floors		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor Tile	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13338		Cubic Yards of Waste 1	
City, State Freehold, NJ				Name of Registered Landfill GROWS North Landfill	
				City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	
				Date 6/28/17	

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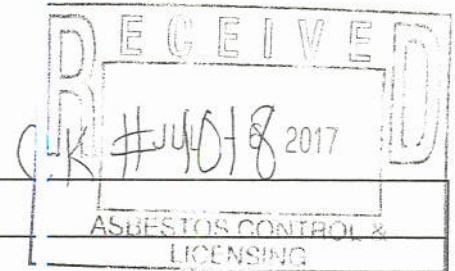
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>06 / 28 / 17</span> </div>		Name of Building Owner/Operator (2) [REDACTED] LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Point Pleasant, NJ 08742							
		Name of Contact Stewart Dailey							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Point Pleasant		Square Feet 1800 sf	# of Floors 2						
		Bldg. Age 65							
County (6) Ocean		County Code (7) (STATE USE ONLY) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 07 / 11 / 17		Scheduled Completion Date (11) 07 / 12 / 17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor E.M.S.L. Analytical							
		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Variable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1850 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 07/13/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 6/28/17		



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



Date of Notification (1) <b>6/27/17</b>		Name of Building Owner/Operator (2) <b>Butler Board of Education</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>38 Bartholdi Ave.</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 2	<b>Butler, NJ 07405</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Barbara Murphy</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Butler High School</b>		Type of Facility (4)	
Street Address <b>38 Bartholdi Avenue</b>		<input checked="" type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) <b>Butler</b>		Square Feet <b>30,000+</b>	# of Floors <b>3</b>
County (6) <b>Morris</b>		Bldg. Age <b>60+ yrs</b>	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirovision Consultants, LLC</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>
Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>		Street Address <b>32 Willow Way</b>	
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Woodland Park, NJ 07424</b>	
Project Manager for Monitoring Firm <b>Frederick Larson</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>973-333-9176</b>
License No. <b>01331</b>		Name of OSHA Monitor <b>Envirovision Consultants, Inc.</b>	
Start Date (10) <b>6/30/17</b>		Scheduled Completion Date (11) <b>7/11/17</b>	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<b>20-21 Wagaraw Rd., Bldg. 35-E</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input type="checkbox"/> Other - Describe: _____		<b>Fair Lawn, NJ 07410</b>	

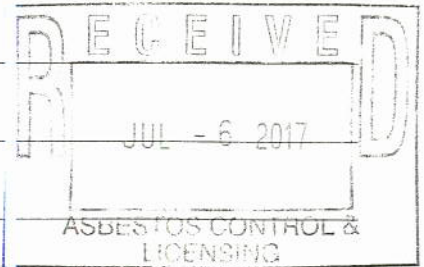
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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	XXX			Pipe Insulation, fittings, elbows, joints, valves, etc.	830 LF	XX			
BOILER ROOM	XXX			Breeching/Duct Insulation	460 SF	XX			

Name of Registered Waste Hauler <b>Unicorn Contracting Corp.</b>		NJDEP Waste Hauler ID No. <b>0035844</b>		Cubic Yards of Waste <b>20+</b>		Name of Registered Landfill <b>Fairless Hills Landfill</b>	
City, State <b>Woodland Park, New Jersey</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>			
Completed by <b>Dimo Golcev</b>		Title <b>General Manager</b>		Signature 		Date <b>6/27/17</b>	

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

Date of Notification (1) <b>7/3/2017</b>		Name of Building Owner/Operator (2) <b>Mary Biunno</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Bloomfield, NJ, 07003</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Mary Biunno</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



Name of Facility Where Abatement is Taking Place (3) <b>Mary Biunno</b>			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) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>1638</b>	of Floors <b>2</b>	Bldg. Age <b>82</b>
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	

Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
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Scheduled Start Date (10) <b>07 12 2017</b> Month Day Year	Sched. Completion Date (11) <b>07 14 2017</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>
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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 - Describe: <u>«OffHours Descript»</u>	City, State, Zip Code
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>	

Scope of Work (Check all that apply)

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

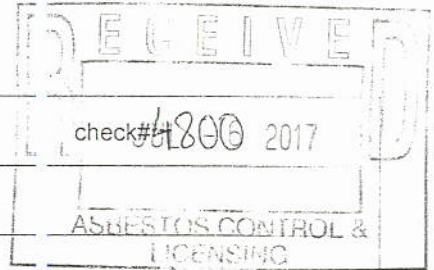
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>140 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>2.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>07/14/2017</b>	City, State <b>Waynesburg, Ohio 44688</b>	

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>7/3/2017</b>
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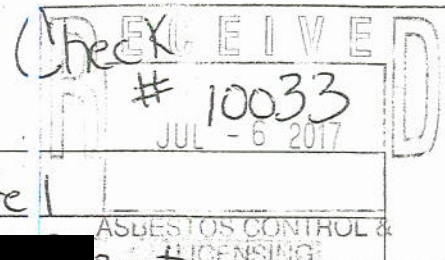
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 07/01/2017		Name of Building Owner/Operator (2) Matawan Aberdeen regional School District		check # 1800 2017					
Agencies Notified	Type Notification	Street Address 1 Crest Way		ASBESTOS CONTROL & LICENSING					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Aberdeen, NJ 07747							
		Name of Contact Alex Ferreira							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ravine Drive Elementary school			Type of Facility (4)						
Street Address 170 Ravine Drive			<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.)						
City (5) Matawan			Square Feet	# of Floors	Bldg. Age				
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 120 North Warren Street		Street Address 606 McBride Ave							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Rollie Jones		Telephone No 609-273-1396	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 07-13-2017	Scheduled Completion Date (11) 07-15-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 S or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Classroom			x	Pipe fitting insulation	10 L	x			
			x			x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title Project manager	Signature 			Date 07/01/2017			



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



Date of Notification (1) <b>July 3, 2017</b>		Name of Building Owner/Operator (2) <b>Nishadh P. Patel</b>	
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 <b>Windsor NJ 08561</b>	
		Name of Contact <b>Nishadh Patel</b>	

Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors <b>2</b>
City (5) <b>Robbinsville (Windsor) NJ 08561</b>		Bldg. Age <b>80+-</b>	
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>		
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>		
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>July 13, 2017</b>	Scheduled Completion Date (11) <b>July 13, 2017</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</b>	

Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Kitchen</b>		<b>X</b>		<b>Linoleum Flooring</b>	<b>140 SF</b>	<b>X</b>			

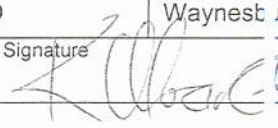
  

Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>&lt; 1</b>	Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>7-14-17</b>	City, State <b>Morrisville PA</b>		
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>7-3-17</b>	

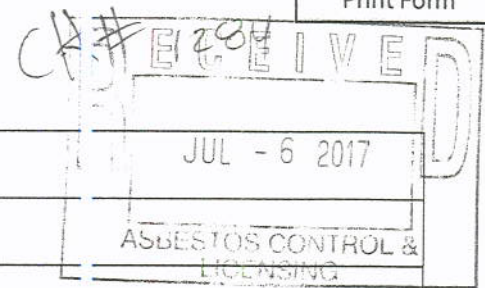


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

<b>Print Form</b>	
CHECK# 24336 2017	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 06-30-17		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified	Type Notification	Street Address 751 Broad 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact William Barrett	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 751 Broad Street		<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) Newark		Square Feet 647,506	# of Floors 29						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 57 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 07-11-17	Scheduled Completion Date (11) 08-25-17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 307 West 38th Street							
<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 New York, NY 10018							
Scope of Work (Check All That Apply)		OSHA Class I							
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
12th Floor			x	VAT/Mastic	15,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 		Date 06-30-17			

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



Date of Notification (1) 6/29/2017		Name of Building Owner/Operator (2) Private Property							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Summit NJ							
		Name of Contact John							
<p align="center"><b>FACILITY INFORMATION</b></p>									
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 1200	# of Floors 2						
City (5) Summit		Bldg. Age +50							
County (6) Union	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) ACM Solutions Service, LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685						
License No. 01320									
Start Date (10) 7/11/2017	Scheduled Completion Date (11) 7/15/2017	Name of OSHA Monitor Iris Environmental Laboratories							
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 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	shingles siding	100SF	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 Rd Landfill					
City, State Po Box 5670		Disposal Date	City, State 2335 Appleutter Rd Bethlehem PA						
Completed by Marcos Regato		Title President	Signature <i>Marcos Regato</i>				Date 6/29/2017		

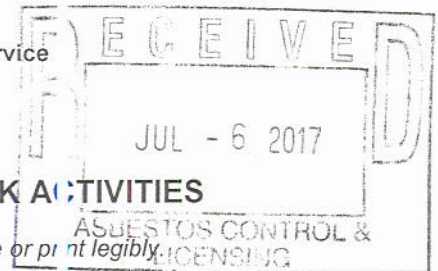


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

JUL - 6 2017

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 06/29/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Closter, N.J. 07624							
		Name of Contact Doug Fielding	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 3,188	# of Floors 2						
City (5) Closter		Bldg. Age 68							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
License No. 01316									
Start Date (10) 07/17/2017	Scheduled Completion Date (11) 07/24/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
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 PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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 wrap	120 LF	X			
Basement		X		Cardboard insulation	45 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date		City, State Penn Argway, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 06/29/2017					



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION		
Date of Notification: <u>6</u> / <u>29</u> / <u>2017</u>		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)		
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation		
II. BUILDING INFORMATION		
Name of Building Owner/Operator: <u>Vickie Sewell</u>		
Street Address: <u>[REDACTED]</u>	City: <u>Moorestown</u>	State: <u>NJ</u> Zip: <u>08057</u>
Name of Contact: <u>Vickie Sewell</u>		Telephone No.: _____
III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to Take Place: <u>Residence</u>		
Describe Facility Use: <u>Residence</u>		
Street Address: <u>[REDACTED]</u>	City: <u>Moorestown</u>	State: <u>NJ</u> Zip: <u>08057</u>
County Name: <u>Burlington</u>		County Code (State Use Only): _____
Scheduled Start Date: <u>07</u> / <u>15</u> / <u>2017</u>		Scheduled Completion Date: <u>07</u> / <u>17</u> / <u>2017</u>
Occupancy Status During Activity (check only one):		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity		
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____		
<input type="checkbox"/> Other—Describe: _____		
Scope of Work (check all that apply):		
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>490 SF</u>	Percentage Asbestos: _____ %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>490 SF</u>	Percentage Asbestos: _____ %
IV. CONTRACTOR INFORMATION		
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>
Street Address: <u>623 Cutler Avenue</u>	City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>		
Monitoring Firm (if applicable): <u>Mgmt. &amp; Enviro. Consulting Services</u>		Telephone No.: <u>609-298-4070</u>
V. SIGNATURE		
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>
Signature: <u>[Signature]</u>		Date: <u>June 29, 2017</u>




06/29/2017 09:37

NO. 112 2002

JUL 16 2017

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:16)

**CK 4083**

Date of Notification (1) 06 / 29 / 17		Name of Building Owner/Operator (2) Vineland Board of Education		DOL - 10 DAY ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:26-8)		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 27 Coney Avenue City, State, Zip Code Vineland, NJ 08360 Name of Contact Paul Farinaccio	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Vineland High School South			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 2880 E. Chestnut Avenue			Square Feet 80,000		
City (5) Vineland			# of Floors 2		
County (6) Cumberland			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Eple Environmental Services, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1930 Brown Road				Street Address 623 Cutler Avenue	
City, State, Zip Code Newfield, NJ 08344				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077		Telephone No. 856-755-0099	
Start Date (10) 07 / 01 / 17		Scheduled Completion Date (11) 07 / 05 / 17		License No. 00612	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM, _____ PM, _____ PM, _____ AM			Name of OSHA Monitor EMBL Analytical, Inc.		
			Street Address 205 Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input type="checkbox"/> $\geq 180$ sf or $\geq 260$ ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Safely 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			
Boy's Locker Room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Pipe Insulation (Wrap & Cut)	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <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 Freshhold Cartage		NJDEP Waste Hauler ID No. 15933		Cubic Yards of Waste 1	
City, State Freshhold, NJ		Disposal Date 07/03/2017		Name of Registered Landfill GROWB North Landfill	
City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	
				Date 6/29/17	

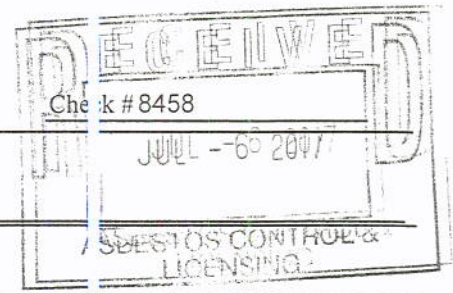
ASB-41  
JAN 13

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



B &amp; G proj. #: 2017-80

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



Date of Notification (1) 06/12/17		Name of Building Owner/Operator (2) Monmouth University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 400 Cedar Avenue		City, State, Zip Code West Long Branch, NJ 07764	
Name of Contact Tim Orr		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Monmouth University - Beechwood Hall			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 400 Cedar Avenue			Square Feet		
City (5) West Long Branch			County (6) Monmouth		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants, Inc.			ASCM No. 0057		
Street Address PO Box # 385			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Oceanville, NJ 08231-0385			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm John Smoyer			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 609-652-1833			Telephone Number 973-696-6869		
Scheduled Start Date (10) 06/29/2017			License Number 0378		
Sched. Completion Date (11) 06/30/2017			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

☐ wrap & cut  
☐ Glovebag procedure  
☐ Non-friable procedure

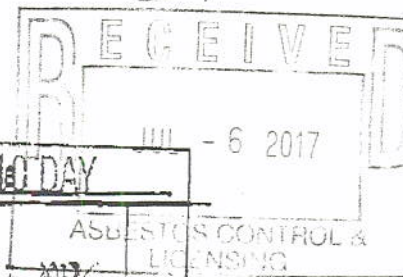
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
rear hallway			X	texture ACM paint	18 sf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 07/03/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/27/2017



B &amp; G proj. #: 2017-80

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*



Date of Notification (1) <u>06/12/17</u>		Name of Building Owner/Operator (2) Monmouth University	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	400 Cedar Avenue	West Long Branch, NJ 07764
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Tim Orr	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Monmouth University - Beechwood Hall			Type of Facility (4)		
Street Address 400 Cedar Avenue			<input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc.)		
City (5) West Long Branch	County (6) Monmouth	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants, Inc.			Name of Abatement Contractor (8) B & G Restoration, Inc.		
Street Address PO Box # 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer			Telephone Number 973-696-6869		
Phone Number 809-652-1833			License Number 378		
Scheduled Start Date (10) 06/29/2017			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 08/30/2017			Street Address 105 Ryerson Road		
Occupancy Status During Abatement (Check only one)			City, State, Zip Code Lincoln Park, NJ 07035		
<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: _____					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Wrap & cut
<input checked="" type="checkbox"/> > 1 sf or > 1 lf	<input type="checkbox"/> > 160 sf or > 260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-triable procedure

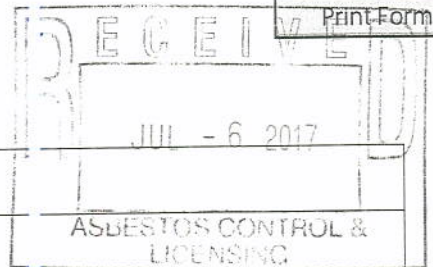
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
rear hallway			X	texture ACM paint	18 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19363	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 07/03/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/27/2017



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

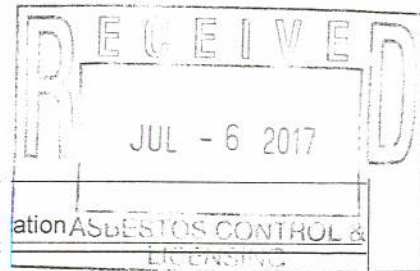
CK 3029



Date of Notification (1) 6/22/2017 Check #3029		Name of Building Owner/Operator (2) Church of the Little Flower							
Agencies Notified	Type Notification	Street Address 110 Roosevelt Ave	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Berkely Heights, NJ 07922							
		Name of Contact Nicholas Sblendorio							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Church of Little Flower -Chapel		Type of Facility ( )							
Street Address 110 Roosevelt Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Beerkely Heights		Square Feet 50,000	# of Floors 2						
County (6) UNION		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corp						
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) 6/23/2017	Scheduled Completion Date (11) 6/24/2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: starting at 4 PM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <i>w/ negative Air Pressure</i>							
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
Chapel area		x		ACM debris	10 SF	x			
Name of Registered Waste Hauler TST-Tri State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Miner a Enterprises Inc					
City, State Bronx, NY		Disposal Date tbd		City, State Waynsburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>			Date 6/22/2017		



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



CK 14973

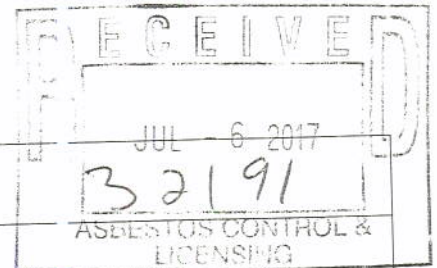
Date of Notification (1) 6/21/2017		Name of Building Owner/Operator (2) South Brunswick Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 4 Executive Dr		City, State, Zip Code Monmouth Junction, NJ 08852	
Name of Contact Mr. Todd Amiet		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Greenbrook 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 23 Roberts St			
City (5) Kendall Park	County (6) Middlesex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 00004	Name of Contractor (9) MTM Metro Corporation
Street Address 3 Crosswicks St.		Street Address 135-137 McBride Ave	
City, State, Zip Code Bordentown, NJ 08505		City State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Michael Hoodak	Telephone Number 609 298 5520	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 7/10/2017	Scheduled Completion Date (11) 7/28/2017	Name of OSHA Monitor MTM Metro Corporation	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: Occupied		Street Address 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 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"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or F)
Boiler Room Old Wing	X	Boiler Insulation	60 sf
Boiler Room Old Wing	X	Elbow insulation	30 count
Boiler Room New Wing	X	Breeching and boiler insulation	90 sf
Boiler Room New Wing	X	Pipe and Elbow insulation	20 lf pipe ins & 50 count elbows
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 15	Name of Reg. Landfill Tullytown
City, State 135-137 McBride Ave	Disp. Date 7/25/2017	City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski	Title Project manager	Signature Mike Damevski	Date 7/21/2017

ASB-41

\* Do not use this form for asbestos licensure exempt activities.



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



Date of Notification (1) <b>06 / 30 / 17</b>		Name of Building Owner/Operator (2) <b>Thomas M Rich Associates</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 1037</b>	
		City, State, Zip Code <b>Mountainside, NJ 07092</b>	
		Name of Contact <b>Tom Rich</b>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>354 Bloomfield Avenue</b>		Square Feet <b>1500 sf</b>	# of Floors <b>1</b>
City (5) <b>Caldwell</b>		Bldg. Age <b>80</b>	
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>07 / 13 / 17</b>		Scheduled Completion Date (11) <b>07 / 14 / 17</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	175 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler insulation	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>07/17/17</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>6/30/17</b>



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



CK 2300

Date of Notification (1) 6-29-2017		Name of Building Owner/Operator (2) 462 Newark Street, LLC	
Agencies Notified	Type Notification	Street Address 513 Willow Avenue	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Onofrio Chillemi	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Commercial		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 462 Newark Street		Square Feet 20000	# of Floors 1
City (5) Hoboken, NJ 07030		Bldg. Age 60+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174
Start Date (10) 6-30-2017	Scheduled Completion Date (11) 6-31-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: unoccupied		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)
	Yes	No	
Roof		x	
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5
City, State Jersey City, NJ		Disposal Date 6-31-2017	Name of Registered Landfill G.R.O.W. 3 North Landfill
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>
			Date 6-29-2017

RECEIVED  
JUL - 6 2017  
ASBESTOS CONTROL &  
LICENSING

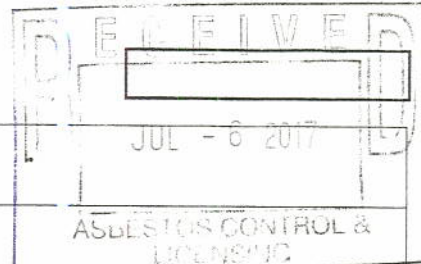
Date of Notification (1) 06 / 29 / 17		Name of Building Owner/Operator (2) Anthony Romano		JUL - 6 2017	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact Anthony Romano		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private 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 and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Fair Lawn, NJ 07410			of Floors		
County (6) Bergen			Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 07 / 15 / 17		Scheduled Completion Date (11) 07 / 17 / 17		Telephone No. 973-638-1777	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc		License No. C 1127	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Non-Exempted (*) and Non-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Boiler insulation 60 SF	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe insulation 150 LF	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	
City, State Wayne, NJ 07470		Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature Nevtic Wernad	
				Date 06/29/17	

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



MO#24499201522

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



Date of Notification (1) 06 / 29 / 17		Name of Building Owner/Operator (2) Doris Gruska	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Doris Gruska	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private 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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	of Floors
City (5) Kearny, NJ 07032		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470
Telephone No.		Telephone No.	License No. 1127
Start Date (10) 07 / 13 / 17	Scheduled Completion Date (11) 07 / 14 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 351	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 06/29/17	