

NOCK

Date of Notification (1)
10/7/10 12/1/15

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

Type Notification
☐ Initial Notification
☒ Amended Notification
☐ Cancellation

Name of Building Owner/Operator (2)
Phillips 66

Street Address
1400 Park Avenue

City, State, Zip Code
Linden NJ 07036

Name of Contact
Ben Hines

Telephone Number
1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Phillips 66

Street Address
1400 Park Ave

City (5)
Linden

County (6)
Union

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
Outside

of Floors
75

Bldg. Age
75

Current Use (Prior if being demolished)
Oil Refinery

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

Name of Abatement Contractor (9)
New States Contracting

Street Address
2400 Main St Extension Suite 10

City, State, Zip Code
Sayreville NJ 08872

Telephone Number
732 525 0100

License Number
00749

Scheduled Start Date (10)
10/6/12 4/1/15

Sched. Completion Date (11)
10/7/11 10/1/15

Month / Day / Year

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

Name of OSHA Monitor
Tiger Environmental

Street Address
234 20th Avenue

City, State, Zip Code
Brick NJ 08724

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C A P S U L E	E N C A P S U L E
7-Pipe Stills	X	Tar Paper	150'	X				
Water Front Sub Station # 16		Transit Pipe Mini-Enclosure	3'	X				

Name of Registered Waste Hauler
Horwith Truck

City, State
P.O. Box 7 North Hampton PA

NJDEP Waste Hauler ID No.
57110

Cubic Yards of Waste
30

Disposal Date
7-10-15

Name of Registered Landfill
Advanced Disposal

City, State
Kersey PA 15846

Completed By (Print or Type)
Kurt Nyle

Title
Superintendent

Signature
Kurt Nyle

Date
7-2-15

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

1310-4694

Check #

Date of Notification (1) 6/30/15		Name of Building Owner / Operator (2) Passaic Valley Sewerage Commissioners	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	600 Wilson Avenue	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Newark, NJ 07105	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Anthony	

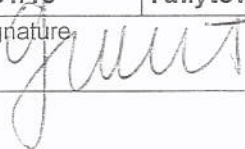
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PVSC			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
600 Wilson Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Newark			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
Essex			Plant		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9)		
AECOM			AbateTech, Inc.		
Street Address			Street Address		
30 Knightsbridge Road Suite 520			PO Box 25		
City, State & Zip Code			City, State & Zip Code		
Piscataway, NJ 08854			Lumberton, NJ 08048		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Mark Connors		732-564-3606	609-265-2107		00529
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
4/20/15	7/31/15		EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			108 Haddon Ave.		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe:			City, State & Zip Code		
<input checked="" type="checkbox"/> Facility Occupied During Abatement			Westmont, NJ 08108		

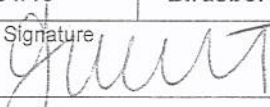
Scope of Work (Check all that apply)

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

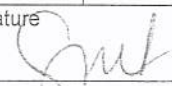
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	1,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	4,277 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Window caulk	225 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Weather Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Weather Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Window Caulk	120 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"/>

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
AbateTech, Inc.		18750	12	TRRF Landfill	
City, State		Disposal Date	City, State		
Lumberton, NJ		7/31/15	Tullytown, PA		
Completed By (Print or Type)		Title	Signature	Date	
Gwen Trumbetti		Opps. Coord.		6/30/15	

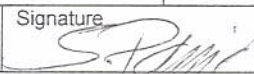
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">6 / 30 / 15</div>		Name of Building Owner/Operator (2) NJTA Contract T300.311 /Job #1501-4865 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 5050 City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Dan Crum					
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Plaza- Toll Collection 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 Intersection of 53 rd Ave & Avenue E				Square Feet					
City (5) Bayonne				# of Floors					
County (6) Middlesex				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Toll Plaza							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8101		License No. 00529					
Start Date (10) 4 / 20 / 15		Scheduled Completion Date (11) 7 / 31 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input 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
Toll Plaza Utility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toll Plaza Utility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill Advanced Western Berks Landfill				
City, State Freehold, NJ		Disposal Date 7/31/15		City, State Birdsboro, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/30/15			


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;">6 / 30 / 15</div>			Name of Building Owner/Operator (2) <div style="text-align: center;">Trustees of Princeton / Job #1408-4803</div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="text-align: center;">Trustees of Princeton University E.A. MacMillan Bldg.</div> City, State, Zip Code <div style="text-align: center;">Princeton, NJ 08544</div> Name of Contact <div style="text-align: center;">Robert Ortego, P.E.</div> Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Princeton University – Firestone Library</div>				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="text-align: center;">One Washington Road</div>									
City (5) <div style="text-align: center;">Princeton</div>				Square Feet <div style="text-align: center;">1,000,000</div>	# of Floors <div style="text-align: center;">8</div>				
				Bldg. Age <div style="text-align: center;">72</div>					
County (6) <div style="text-align: center;">Mercer</div>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <div style="text-align: center;">University Library</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">ATC Associates</div>		ASCN No. <div style="text-align: center;">00098</div>		Name of Abatement Contractor (9) <div style="text-align: center;">AbateTech, Inc.</div>					
Street Address <div style="text-align: center;">3 Terri Lane</div>		Street Address <div style="text-align: center;">30 Maple Ave. PO Box 25</div>							
City, State, Zip Code <div style="text-align: center;">Burlington, NJ 08016</div>		City, State, Zip Code <div style="text-align: center;">Lumberton, NJ 08048</div>							
Project Manager for Monitoring Firm <div style="text-align: center;">Michael R. Keehn</div>		Telephone No. <div style="text-align: center;">609-386-8800</div>		Telephone No. <div style="text-align: center;">609-265-2107</div>	License No. <div style="text-align: center;">00529</div>				
Start Date (10) <div style="text-align: center;">12 / 24 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 15</div>		Name of OSHA Monitor <div style="text-align: center;">EMSL Analytical</div>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <div style="text-align: center;">200 Route 130 North</div> City, State, Zip Code <div style="text-align: center;">Cinnaminson, NJ 08077</div>					
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) <div style="text-align: center;">TO BE ABATED IN Facility (13)</div>	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
Work Area #1A Level 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe and Fitting Insulation	60 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"/>
Work Area #1A Level 1	<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 <div style="text-align: center;">AbateTech, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">18750</div>		Cubic Yards of Waste <div style="text-align: center;">2</div>	Name of Registered Landfill <div style="text-align: center;">G.R.O.W.S. Landfill</div>				
City, State <div style="text-align: center;">Lumberton, NJ</div>		Disposal Date <div style="text-align: center;">8/31/15</div>		City, State <div style="text-align: center;">Tullytown, PA</div>					
Completed By (Print or Type) <div style="text-align: center;">Gwendolyn Trumbetti</div>		Title <div style="text-align: center;">Operations Coordinator</div>		Signature 		Date <div style="text-align: center;">6/30/15</div>			

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

Date of Notification (1) 07/05/2015		Name of Building Owner/Operator (2) Wayne Township Schools		JUL 5 2015					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	50 Nellis Drive							
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	Amendment # 2	Wayne NJ 07470							
<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	Mr. Kevin Joy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ryerson Elementary School			Type of Facility (4)						
Street Address			<input checked="" type="checkbox"/> School (K-12)						
30 McClelland Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5) Wayne			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County (6) Passaic			Square Feet 100,000	# of Floors 2	Bldg. Age 60				
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental LLC		ASCM No. 00118	Name of Abatement Contractor (9) Niram Inc.						
Street Address 464 Valleybrook Avenue		Street Address 91 Fulton Street							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Boonton NJ 07005							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. (201) 438 4839	Telephone No. (973) 299 4455	License No. 01081					
Start Date (10) 07/13/2015	Scheduled Completion Date (11) 07/23/2015		Name of OSHA Monitor Bogoja Boceski						
Occupancy Status During Abatement (Check Only One)			Street Address 91 Fulton Street						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Boonton NJ 07005						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: Subchapter 8 Occupied									
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"/> 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 Breeching Insulation	X			Thermal System Insulation	600 SF	X			
Pipe Joint Insulation	X			Thermal System Insulation	20 LF	X			
Name of Registered Waste Hauler Jimmy Burne Trucking		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 7	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date 07/13/2015		City, State Waynesburg, OH					
Completed by Slobodan Panic		Title Project Manager	Signature 		Date 07/05/2015				

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

Date of Notification (1) 07/05/2015		Name of Building Owner/Operator (2) Wayne Township Schools							
Agencies Notified	Type Notification	Street Address 50 Nellis Drive							
<input type="checkbox"/> EPA <input 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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ 07470							
		Name of Contact Mr. Kevin Joy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Albert P. Terhune Elementary School		Type of Facility (4)							
Street Address 40 Geoffrey Way		<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) Wayne		Square Feet 75,000	# of Floors 2						
		Bldg. Age 50							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental LLC		ASCM No. 00118	Name of Abatement Contractor (9) Niram Inc.						
Street Address 464 Valleybrook Avenue		Street Address 91 Fulton Street							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Boonton NJ 07005							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. (201) 438 4839	Telephone No. (973) 299 4455						
		License No. 01081							
Start Date (10) 06/22/2015	Scheduled Completion Date (11) 07/01/2015	Name of OSHA Monitor Bogoja Boceski							
Occupancy Status During Abatement (Check Only One)		Street Address 91 Fulton Street							
<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>Subchapter 8 Occupied</u>		City, State, Zip Code Boonton NJ 07005							
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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 Breeching Insulation	X			Thermal System Insulation	220 SF	x			
Pipe Joint Insulation	X			Thermal System Insulation	60 LF	x			
Name of Registered Waste Hauler Jimmy Burne Trucking		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY			Disposal Date 07/13/2015	City, State Waynesburg, OH					
Completed by Slobodan Panic		Title Project Manager	Signature 			Date 07/05/2015			

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

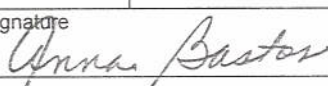
Date of Notification (1) 07/05/2015		Name of Building Owner/Operator (2) Wayne Township Schools							
Agencies Notified	Type Notification	Street Address 50 Nellis Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ 07470							
		Name of Contact Mr. Kevin Joy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Theunis Dey Elementary 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 55 Webster Drive		Square Feet 85,000	# of Floors 2						
City (5) Wayne		Bldg. Age 60							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental LLC		ASCM No. 00118	Name of Abatement Contractor (9) Niram Inc.						
Street Address 464 Valleybrook Avenue		Street Address 91 Fulton Street							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Boonton NJ 07005							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. (201) 438 4839	Telephone No. (973) 299 4455						
Start Date (10) 07/01/2015		Scheduled Completion Date (11) 07/10/2015	License No. 01081						
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: Subchapter 8 Occupied		Name of OSHA Monitor Bogoja Boceski							
		Street Address 91 Fulton Street							
		City, State, Zip Code Boonton NJ 07005							
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
Boiler Breeching Insulation	X			Thermal System Insulation	225 SF	x			
Boiler Insulation	X			Thermal System Insulation	300 SF	x			
Chimney Access Door Package	X			Miscellaneous	3 SF	x			
Name of Registered Waste Hauler Jimmy Burne Trucking		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 15	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY			Disposal Date 07/13/2015	City, State Waynesburg, OH					
Completed by Slobodan Panic		Title Project Manager		Signature <i>S. Panic</i>		Date 07/05/2015			

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

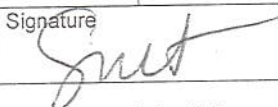
CK 1202

Date of Notification (1) 7/1/15		Name of Building Owner/Operator (2) Ronald & Lila Ida Bernstein		JUL 2 2015					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 6 Corey Lane City, State, Zip Code Mendham, NJ 07945 Name of Contact Philip Del Guidice					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4)					
Street Address 88-90 Elm Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morristown				Square Feet 3,000	# of Floors 2				
				Bldg. Age 50+					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Burnt Out Abandoned Structure					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address				Street Address 135 Kinnelon Rd., Suite 102					
City, State, Zip Code				City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880	License No. 01228				
Start Date (10) 7/8/15		Scheduled Completion Date (11) 7/10/15		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 135 Kinnelon Rd., Suite 102					
<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 Kinnelon, NJ 07405					
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
Entire Structure			x	Unknown	Unknown	x			
				Burnt Out Structure					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 200	Name of Registered Landfill G.R.O.W.S.				
City, State Kinnelon, NJ				Disposal Date 7/10/15	City, State Morrisville, PA				
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 7/1/15			

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

Date of Notification (1) 7/1/15		Name of Building Owner/Operator (2) City of Bridgeton							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 181 East Commerce St. City, State, Zip Code Bridgeton, NJ 08302 Name of Contact Robert Mulford					
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Bridgeton Park Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 20 Mayor Aitken Road				Square Feet 2,300					
City (5) Bridgeton				# of Floors 2.5					
County (6) Cumberland				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Old Bridgeton Park Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address		Street Address 135 Kinnelon Road, Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880					
				License No. 01228					
Start Date (10) 7/14/15		Scheduled Completion Date (11) 7/16/15		Name of OSHA Monitor Yannuzzi Environmental Services, 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 152 Route 206 South City, State, Zip Code Hillsborough, NJ 08844					
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
Building Exterior			x	Transite Siding	2,920 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 20		Name of Registered Landfill G.R.O.W.S.			
City, State Kinnelon, NJ				Disposal Date 7/16/15		City, State Morrisville, PA			
Completed by Anna Bastos		Title Administrative Assistant		Signature 		Date 7/1/15			

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;">7 / 2 / 15</div>		Name of Building Owner/Operator (2) Dunellen Board of Education / Job #1507-4929 Check #7345 2015							
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 High and Lehigh Streets							
		City, State, Zip Code Dunellen, NJ 08812							
		Name of Contact Brian DeLucia	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dunellen 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 411 1 st Street		Square Feet 81,881	# of Floors 2						
City (5) Dunellen		Bldg. Age 85							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.	ASCM No. 00030	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren St.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Dominick Dercole	Telephone No. 609-462-3218	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 7 / 16 / 15	Scheduled Completion Date (11) 7 / 16 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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
(3) Locations in Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/16/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator		Signature 			Date 7/2/15			

Date of Notification (1) 06/13/15		Name of Building Owner/Operator (2) FRANK TEN BROECK	
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 1307 WALNUT AVENUE		City, State, Zip Code OCEAN, NJ 07712	
Name of Contact FRANK TEN BROECK		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANK TEN BROECK			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 1307 WALNUT AVENUE			Square Feet		
City (5) OCEAN			County (6) MONMOUTH		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/13/15		Sched. Completion Date (11) 07/31/15			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/14/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/30/15

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

Date of Notification (1) 10/16/13/10/11/15		Name of Building Owner/Operator (2) ALAN H. BECK	
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 221 RUTGERS STREET		City, State, Zip Code MAPLEWOOD, NJ 07040	
Name of Contact ALAN H. BECK		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALAN H. BECK			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 221 RUTGERS STREET			Square Feet		
City (5) MAPLEWOOD			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		


Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 07/10/15		Sched. Completion Date (11) 07/30/15		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input 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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
basement		X		PIPE INSULATION	60 L FT	X					
GARAGE		X		BARE HEATING PIPES	50 l ft			X			
BOILER/BRICKS		X		BOILER INSULATION	90 SQ FT	X					
WAREHOUSE		X		VAT	270 SQ FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 3 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/13/15		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/30/15	

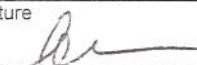
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 14062

Date of Notification (1) 7/6/15		Name of Building Owner/Operator (2) Gloria Pearce							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Name of Contact Gloria Pearce							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 265 Diamond Hill Road		<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) Berkeley Heights		Square Feet 2400	# of Floors 2						
		Bldg. Age 59							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/9/15	Scheduled Completion Date (11) 7/22/15	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: _____		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 type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/6/15			

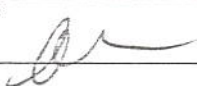
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 14063

Date of Notification (1) 7/6/15		Name of Building Owner/Operator (2) Jason Chen							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PHB Holdings Group, LLC							
		City, State, Zip Code							
		Name of Contact Jason Chen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2771 Kennedy Boulevard		Square Feet 2100	# of Floors 2						
City (5) Jersey City		Bldg. Age 63							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/15/15	Scheduled Completion Date (11) 7/22/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> WRAP & CUT <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
basement			x	pipe insulation	245 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/6/15			


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

Check 14064

Date of Notification (1) 7/6/15		Name of Building Owner/Operator (2) St. Thomas Church							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 Byrd Avenue							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Jim	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Thomas Church - Garage		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 60 Byrd Avenue		Square Feet 1800	# of Floors 1						
City (5) Bloomfield		Bldg. Age 63							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/17/15	Scheduled Completion Date (11) 7/29/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			X	pipe insulation	18 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 7/6/15		

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

Check 14013

Date of Notification (1) 7-6-15		Name of Building Owner/Operator (2) St. Dominic's Academy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 375 Fairmont Avenue City, State, Zip Code Jersey City, NJ Name of Contact Sara Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Dominick's Academy				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 375 Fairmont Avenue				Square Feet 1000	# of Floors 2				
City (5) Jersey City				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) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 7-7-15		Scheduled Completion Date (11) 9/1/15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used-Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached listing			x	see attached		x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA 19508				
Completed by A. Scott Higgins		Title President		Signature 			Date 7-6-15		

DETAIL ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERING CONSULTANTS

JUL 6 2015

July 6, 2015

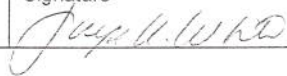
ASBESTOS ABATEMENT PROJECT
St. Dominic's Academy
375 Fairmont Ave, Jersey City, New Jersey

LOCATION	TYPE OF ACM	FOOTAGE	SCOPE OF WORK
Basement- Storage Slop Sink Room	Pipe Insulation	Approximately 20 LF and removal of contaminated contents	Tent & Glovebag removal, Cleanup of floor debris – NJ and federal asbestos regulations
Basement Storage Area- Back Room	Pipe Insulation	Approximately 32 lf and removal of contaminated contents	Tent & Glovebag removal, Cleanup of floor debris – NJ and federal asbestos regulations
Basement Boiler Room	Pipe Insulation	Approximately 50 lf	Tent & Glovebag removal, Cleanup of floor debris – NJ and federal asbestos regulations
Basement Storage Area -Middle	Pipe Insulation	Approximately 11 lf	Tent & Glovebag removal, Cleanup of floor debris – NJ and federal asbestos regulations
Basement Center Area	Pipe Insulation	Approximately 12 LF	Tent & Glovebag removal, – NJ and federal asbestos regulations
Basement Men's Room	Pipe Insulation	Approximately 6 lf	Tent & Glovebag removal, – NJ and federal asbestos regulations

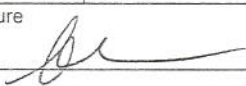
Basement Rooms North & South of Kitchen	Pipe Insulation	Approximately 30lf	Tent & Glovebag removal, - NJ and federal asbestos regulations
Basement Hallway front of Kitchen	Pipe Insulation	Approximately 4 lf	Tent & Glovebag removal, - NJ and federal asbestos regulations

JUL 8 2015

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

Date of Notification (1) 07/06/2015		Name of Building Owner/Operator (2) McAllister Towing of Philadelphia							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4 South King Street							
		City, State, Zip Code Gloucester, NJ 08030							
		Name of Contact George Doms	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden Docks		Type of Facility (4)							
Street Address 2500 Broadway		<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) Camden		Square Feet 2000	# of Floors 2						
		Bldg. Age 60+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Tug Boat							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 107	Name of Abatement Contractor (9) ecoservices, LLC.						
Street Address 28 Pennel Road		Street Address 407 W. Lincoln Highway Suite 500							
City, State, Zip Code Media, PA 19603		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114	License No. 01161						
Start Date (10) 06/29/2015	Scheduled Completion Date (11) 07/31/2015	Name of OSHA Monitor EMSL							
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: <u>Work to recommence on 7/20/15 no work 7/6-7/19</u>		200 Route 130 North							
		City, State, Zip Code Cinniminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Galley			X	TSI	210 LF	X			
Galley			X	Tank Insulation	250 SF	X			
Below Deck			X	Ductwork Insulation	650 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. 13-012785	Cubic Yards of Waste 20	Name of Registered Landfill Grows (A WM Landfill)					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Joe White		Title Assistant Project Manager		Signature 				Date 07/06/2015	

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

Date of Notification (1) 7/1/15		Name of Building Owner/Operator (2) J&J Environmental		2015 JUL -8 AM 9:26	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 67			
		City, State, Zip Code Little Falls, NJ 07424			
		Name of Contact Jim Unger		Telephone Number 3020	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 50 Ridge Avenue			Square Feet 2000	# of Floors 2	Bldg. Age 62
City (5) Passaic		County (6) Passaic		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive			
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/12/15		Scheduled Completion Date (11) 7/20/15		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				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 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)
	Yes	No	N/A		
living room			x	pipe insulation	9 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President/Owner		Signature 	Date 7/1/15

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

Check # H857

Date of Notification (1) 07 / 02 / 15			Name of Building Owner/Operator (2) PRINCETON PLASMA PHYSICS LABORATORY						
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 STELLARATOR ROAD					
				City, State, Zip Code PRINCETON, NJ 08540					
				Name of Contact ANDY KONCA <div style="float: right;">Telephone Number</div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON PLASMA PHYSICS LABORATORY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 100 STELLARATOR ROAD									
City (5) PRINCETON		Square Feet 12,000	# of Floors 2	Bldg. Age 50					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ELECTRICAL LAB					
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS ASSOCIATES		ASCM No.	Name of Abatement Contractor (9) PLYMOUTH ENVIRONMENTAL						
Street Address 3 CROSSWICKS STREET		Street Address 923 HAWS AVENUE							
City, State, Zip Code BORDENTOWN, NJ 08505		City, State, Zip Code NORRISTOWN, PA 19401							
Project Manager for Monitoring Firm DOUGLASS FERRY		Telephone No. 609-298-5520	Telephone No. 610-239-9920	License No. 00398					
Start Date (10) 07 / 20 / 15		Scheduled Completion Date (11) 07 / 31 / 15		Name of OSHA Monitor PLYMOUTH ENVIRONMENTAL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 923 HAWS AVENUE City, State, Zip Code NORRISTOWN, PA 19401						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input 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 </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 ST FLOOR RF AREA ROOM-COPPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COPPER FLOOR ADHESIVE	2,600 SF	<input checked="" 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. A901 #20990/	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720		Disposal Date 7-30-15		City, State WAYNESBURG, OH					
Completed By (Print or Type) RUSSELL KING		Title PM		Signature <i>[Signature]</i>			Date 7/2/15		

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

Check # 9915

Date of Notification (1) July 2, 2015		Name of Building Owner / Operator (2) Garrett Associates LP	
Agencies Notified	Type Notification	Street Address 307 West 117th Street, Suite 1F	
<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 New York, NY 10026	
		Name of Contact Daniel Reifer	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garrett Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 130 Grand Avenue		Square Feet 28,000	# of Floors 5
City (5) Englewood		Bldg. Age 90 Years	
County (6) Bergen		Current Use (Prior if being demolished)	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	
Street Address 197 Route 18 South		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code East Brunswick, NJ 08816		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Damiano Albanese		Telephone Number 732-763-4734	License Number 00817
Scheduled Start Date (10) July 15, 2015	Scheduled Completion Date (11) August 15, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or \geq 1f | <input 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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Pipe / Fitting Insulation	100 LF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill				
City, State Little Egg Harbor, NJ 08087				Disposal Date	City, State Morrisville, PA				
Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>			Date July 2, 2015				

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

Check #
8584

Print Form

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

RECEIVED

Date of Notification (1) 7/1/2015		Name of Building Owner/Operator (2) NREF III 25 DeForest Owner, LLC		2015 JUL -8 AM 9:38	
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 53 Maple Avenue City, State, Zip Code Morristown, NJ 07960 Name of Contact Greg Trapp Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Grey Healthcare			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 25 DeForest Avenue			Square Feet 25000		
City (5) Summit			# of Floors 2		Bldg. Age 50
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. N/A		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.	
Street Address 655 West Shore Trail		Street Address 494 E. 41st Street		City, State, Zip Code Paterson, NJ 07504	
City, State, Zip Code Sparta, NJ 07871		Telephone No. 973-729-5649		Telephone No. 973-345-0022	
Project Manager for Monitoring Firm Bill Kerbel		License No. 00507		Name of OSHA Monitor Same as above	
Start Date (10) July 11, 2015		Scheduled Completion Date (11) July 31, 2015		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1st Fl. - S.W. Corner Section		X		Floor Tile/Mastic	
				5,300 SF	
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419		Cubic Yards of Waste 40	
City, State Paterson, NJ 07504		Disposal Date 7/15/2015		Name of Registered Landfill G.R.O.W.S. North Inc. City, State Morrisville, PA	
Completed by James E. Unger		Title Sr. Estimator/Project Mgr.		Signature Date 7/1/2015	

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

Check # 7359

Date of Notification (1) 6/19/15		Name of Building Owner/Operator (2) Paramus BOE	
Agencies Notified	Type of Notification	Street Address 145 Spring Valley Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Paramus, NJ 07652	
<input type="checkbox"/> DEP	<input type="checkbox"/> Emergency	Name of Contact Steven Cea	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification	Telephone Number 7700	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

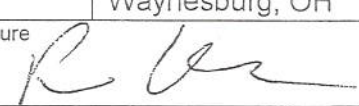
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Brook Middle 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 190 Spring Valley Road			Square Feet 60000		
City (5) Paramus			# of Floors 1		
County (6) Bergen			Bldg. Age ~ 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner R K Occup. & Env. Analysis, Inc.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 401 St. James Ave.			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Phillipsburg, NJ 08865			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Jonathan Gilbert			Telephone Number 973-575-8700		
Telephone Number 908-454-6316			License Number 00852		
Scheduled Start Date (10) 7/13/15			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Sched. Completion Date (11) 7/31/15			Street Address 2333 Route 22 W		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacant			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	R	E	E	N	N		
Gymnasium		X		Misc. – floor mastic/vapor barrier	7200 SF	X							

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 20	Name of Registered Landfill Minerva Landfill
City, State Pine Brook, NJ	Disposal Date 7/28/15	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 6/19/15

CK 1534

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

Date of Notification (1) 6-30-2015		Name of Building Owner/Operator (2) Thomas Nee							
Agencies Notified	Type Notification	Street Address 13 Hamilton Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Kearny, NJ 07032							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Thomas Nee	Telephone Number 4						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 13 Hamilton Avenue		Square Feet 2315	# of Floors 2						
City (5) Kearny, NJ 07032		Bldg. Age 90+							
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) 7-11-2015	Scheduled Completion Date (11) 7-11-2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	120 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Jersey City, NJ		Disposal Date 7-13-2015		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 6-30-2015			

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

Check#2233

Date of Notification (1) 07 / 03 / 15		Name of Building Owner/Operator (2) Mary Ann Sullivan	
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 95 North Ridgewood Road	
		City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Mary Ann Sullivan	Telephone Number 303

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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 95 North Ridgewood Road			
City (5) South Orange, NJ 07079		Square Feet	# of Floors
County (6) Essex		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		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 / 14 / 15	Scheduled Completion Date (11) 07 / 16 / 15		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. # 35 E		
		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 checked="" type="checkbox"/> > 160 sf or >260 lf	<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 type="checkbox"/> Tent with Negative Pressure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	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"/>	Ceiling tiles -2'x2'	400 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"/>
	<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 07/03/2015	

07/02/2015 07:40AM 9736381778

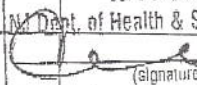
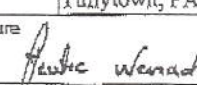
Jul 2 2015 09:04am

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MO#22302807985

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

Emergency Notification

Date of Notification (1) 07 / 02 / 15		Name of Building Owner/Operator (2) Profile Properties Holdings LLC		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services  Date: 7/2/15 Time: 9:40 </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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 38 Pine Avenue			
		City, State, Zip Code Madison, NJ 07940				Telephone Number			
		Name of Contact Jack Geraghty							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 38 Pine Avenue City (5) Madison, NJ 07940 County (6) Morris				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-1 2) <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) Morris		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.		License No. 01127					
Start Date (10) 07 / 03 / 15		Scheduled Completion Date (11) 07 / 04 / 15		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
Attic-crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	20 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.P. Inc.				
City, State Wayne, NJ 07470				Disposal Date TBD	City, State Tullytown, PA				
Completed By (Print or Type) N. Jovic		Title Owner		Signature 		Date 07/02/2015			

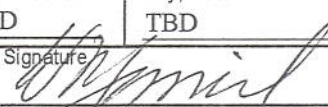
ASB-41
MAY 11

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

CK 1574

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

RECEIVED JUL -8 AM 9:04

Date of Notification (1) <u>7/1/15</u>		Name of Building Owner/Operator (2) <u>Maria Cicalese</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>210 Barbara Lane</u>							
		City, State, Zip Code <u>Blackwood, NJ</u>							
		Name of Contact <u>Trish Cicalese</u>	Telephone Number <u>909 999 09</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address <u>210 Barbara Lane</u>		Square Feet <u>2100 SF</u>	# of Floors <u>2</u>						
City (s) <u>Blackwood, NJ</u>		Bldg. Age <u>40 yrs</u>							
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>						
Street Address		Street Address <u>300 S. Lenola Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>7/11/15</u>	Scheduled Completion Date (11) <u>7/18/15</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 Lenola Road</u>							
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
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 Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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) <u>30 sf</u>	Abatement Type			
	Yes	No	N/A			removal	repair	encapsulation	enclosure
Crawl Space			X	Duct Wrap	30 sf	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 			Date <u>7/1/15</u>			

CK 3750

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

RECEIVED
L-8 AM 9:34
JUL 15 2015

Date of Notification (1) <u>7-2-15</u>		Name of Building Owner/Operator (2) <u>Palma's Construction</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address <u>1805 Spring Dale Rd</u>	City, State, Zip Code <u>Cherry Hill NJ 08033</u>
Name of Facility Where Abatement is Taking Place (3) <u>Garage</u>		Name of Contact <u>Jim P</u>	Telephone No. <u>856-5610</u>
Street Address <u>922 Edgewood Dr</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <u>Cherry Hill</u>	County (6) <u>Burl</u>	Square Feet <u>0</u>	# of Floors <u>0</u>
County Code (7) (STATE USE ONLY)		Sdg. Age <u>0</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>ASCM No.</u>		Current Use (Prior to being demolished)	
Street Address <u>1212 Burlington Ave</u>		Name of Abatement Contractor (9) <u>AMI-JOB LLC</u>	
City, State, Zip Code <u>Delanco NJ</u>		Street Address <u>1212 Burlington Ave</u>	
Project Manager for Monitoring Firm <u>Telephone No.</u>		City, State, Zip Code <u>Delanco NJ</u>	
Start Date (10) <u>7-3-15</u>	Scheduled Completion Date (11) <u>7-3-15</u>	Telephone No. <u>856-5210971</u>	License No. <u>6107C</u>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>Self</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 25 sf or < 25 lf <input checked="" type="checkbox"/> > 250 sf or > 250 lf <input type="checkbox"/> Restoration <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Encapsulated (?) and Non-Freeze Procedure		Street Address <u>Delanco NJ</u>	
City, State, Zip Code <u>Delanco NJ</u>		City, State, Zip Code <u>Delanco NJ</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED at Facility (13) <u>outside</u>	Is Location Normally Used Safely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>ACM/siding</u>	Amount (Specify Sq or Lf) <u>200SF</u>
		Abatement Type Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input checked="" type="checkbox"/>	
Name of Registered Waste Handler <u>AMI-JOB LLC</u>		NJ Waste Handler ID No. <u>35635</u>	Cubic Yards of Waste <u>104</u>
City, State <u>Delanco NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>WM of PA</u>
Completed By <u>J Hill</u>		Title <u>VP</u>	City, State <u>Tullytown PA</u>
		Signature <u>[Signature]</u>	Date <u>7-2-15</u>

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VIA U.S. MAIL

1123

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

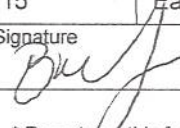
2015 JUL 8 AM 9:35

Date of Notification (1) 7/2/15		Name of Building Owner/Operator (2) Mr. Michael Mahoney	
Agency 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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 2698	City, State, Zip Code WESTFIELD N.J. 07091-2698
		Name of Contact Mr. H. Mahoney	Telephone Number 102
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 782 KNOLLWOOD TERR		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 782 KNOLLWOOD TERR		Square Feet 2200	# of Floors 2
City (5) WESTFIELD N.J.		Bldg. Age 15	
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC	
Street Address		Street Address P.O. Box 814	
City, State, Zip Code		City, State, Zip Code 010 BRIDGE N.J. 08857	
Project Manager for Monitoring Firm		Telephone No. 732 238-7500	License No. 00806
Start Date (10) 7/11/15	Scheduled Completion Date (11) 8/11/15	Name of OSHA Monitor NOVATECH 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 P.O. Box 814	
		City, State, Zip Code 010 BRIDGE N.J. 08857	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Coverbag Procedure <input checked="" type="checkbox"/> Non-Exempted (7) and Non-Friable Procedure	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 2nd FLOOR KITCHEN BEDROOM BATHROOM		Amount (Specify SF or LF) 110 S/F 16 S/F	
		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler NOVATECH INC		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.
NJDEP Waste Hauler ID No. 18301		Disposal Date 8/12/15	City, State MORRISTOWN N.J.
City, State 010 BRIDGE N.J. 08857		Signature [Signature]	Date 7/2/15
Completed by CARLOS ALMEIDA		Title PRESIDENT	

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

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

CK# 2687

Date of Notification (1) 7/3/15		Name of Building Owner/Operator (2) Beiran Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 37 E Summit Steet City, State, Zip Code Somerville, NJ 08876 Name of Contact Maggie						
			Telephone Number ?						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Beiran Residence Street Address 37 E Summit St City (5) Somerville		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 3200 # of Floors 2 Bldg. Age 55+							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm Telephone No.		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 7/13/15	Scheduled Completion Date (11) 7/17/15		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7am-7pm		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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	120Lf	x			
bedroom			x	ceiling tile	80sf	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 Chrins					
City, State Colts Neck, New Jersey			Disposal Date 7/17/15	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 7/3/15			

CH# 2687

Print Form

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

Date of Notification (1) 7/3/15		Name of Building Owner/Operator (2) Doug Paris							
Agencies Notified	Type Notification	Street Address 2011 Ocean Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Spring Lake, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Doug	Telephone Number 9						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paris 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 2011 Ocean Ave		Square Feet 2200	# of Floors 2						
City (5) Spring Lake		Bldg. Age 55+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 7/14/15	Scheduled Completion Date (11) 7/17/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	200lf	X			
						X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 7/17/15	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 7/3/15			

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

Date of Notification (1) July 2, 2015		Name of Building Owner/Operator (2) Driscoll Foods							
Agencies Notified	Type Notification	Street Address 174 Delawanna Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07014							
		Name of Contact Michael Palazzolo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4)							
Street Address 6 West Belt Parkway		<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) Wayne	Square Feet 330,000	# of Floors 2	Bldg. Age 1956						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental Solutions Inc.		ASCM No. _____	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 5 Marine View Plaza, Suite 303		Street Address 235 Watchung Avenue							
City, State, Zip Code Hoboken, NJ 07030		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Art Rastelli	Telephone No. 201-876-9400	Telephone No. 973-669-2900	License No. 01231						
Start Date (10) July 2, 2015	Scheduled Completion Date (11) July 7, 2015	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 W Cary 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 Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Receiving Area		X		Elbows	4EA	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No. 0035767	Cubic Yards of Waste _____	Name of Registered Landfill Tullytown Facility					
City, State West Orange, NJ 07052			Disposal Date _____	City, State Tullytown, PA					
Completed by Barbara Reed		Title President	Signature <i>Barbara Reed</i>			Date 07/02/2015			

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

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2015 JUL -8 AM 9:59

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 6/30/15		Name of Building Owner/Operator (2) Ken Kroll							
Agencies Notified	Type Notification	Street Address 784 Lake Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07107							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ken Kroll	Telephone Number 01 32						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 784 Lake Street		Square Feet N/A	# of Floors N/A						
City (5) Newark		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. #00675						
Start Date (10) 7/13/15	Scheduled Completion Date (11) 7/14/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	38 LF	X			
first floor		X		pipe insulation	27 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 Tulltown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 6/30/15			

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

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Date of Notification (1) 6/30/15		Name of Building Owner/Operator (2) Matthew Ricca							
Agencies Notified	Type Notification	Street Address 219 Richard Road							
<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 Ridgewood, NJ 07450							
		Name of Contact Matthew Ricca	Telephone Number 201 211 1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 219 Richard Road		Square Feet N/A	# of Floors N/A						
City (5) Ridgewood		Bldg. Age N/A							
County (6) Bergen	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. #00675						
Start Date (10) 7/14/15	Scheduled Completion Date (11) 7/16/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	136 LF	X			
basement		X		floor tile	720 SF	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 Tulltown, PA					
Completed by Deanna Brkusani		Title Project Manager		Signature <i>Deanna Brkusani</i>		Date 6/30/15			

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


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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 6/30/15		Name of Building Owner/Operator (2) Alesandro Ciacciarella							
Agencies Notified	Type Notification	Street Address 478 North 13th Street							
<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 Newark, NJ 07107							
		Name of Contact Alessandro Ciacciarella	Telephone Number ...27						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 478 North 13th Street		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 7/17/15	Scheduled Completion Date (11) 7/20/15	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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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	258 LF	X			
basement		X		floor tile	900 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 6/30/15			

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

Date of Notification (1) 7/1/15		Name of Building Owner/Operator (2) Nancy James		<i>Check 14050</i> 2015 JUL -8 AM 9:27 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 20 Elizabeth Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dover, NJ 07801		Name of Contact Nancy James					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4)						
Street Address 20 Elizabeth Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Dover			Square Feet 2200	# of Floors 2	Bldg. Age 65				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 7/27/15		Scheduled Completion Date (11) 8/17/15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	180 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 7/1/15			

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

Date of Notification (1) 7/2/2015		Name of Building Owner/Operator (2) CLIFTON PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 745 CLIFTON AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07013							
		Name of Contact KAREN L. PERKINS	Telephone Number 973-770-1100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SCHOOL #9		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 25 BRIGHTON ROAD		Square Feet	# of Floors						
City (5) CLIFTON		Bldg. Age							
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ELEMENTARY SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address PO BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm DONNA D'ERRICO		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
Start Date (10) 7/15/2015		Scheduled Completion Date (11) 7/31/2015	License No. 00494						
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>UNOCCUPIED; MON - SAT, 6:00 AM - 2:30 PM</u>		Name of OSHA Monitor SAME AS (9) ABOVE							
		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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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			PLASTER CEILING	900 SF	X			
				BOILER RIBS	120 SF	X			
				BOILER ROPE	100 LF	X			
				BRICK	80 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 60	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/31/2015		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 7/2/2015					

CK 2007

Print Form

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

RECEIVED

Date of Notification (1) 7/3/15		Name of Building Owner/Operator (2) Kathleen Quinn		2015 JUL -8 AM 9:29					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 694 Evergreen Parkway City, State, Zip Code Union, NJ 07085 Name of Contact Eric Plackis Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 694 Evergreen Parkway City (5) Union County (6) Union			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors 2 Bldg. Age 62						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Brick Industries Inc.					
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (732)899-7499 License No. 01196					
Start Date (10) 7/6/15		Scheduled Completion Date (11) 7/18/15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 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
				8 floor tile + mastiz	700SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 4		Name of Registered Landfill GROWS Inc.			
City, State Brick, New Jersey		Disposal Date 7/9/15		City, State PA					
Completed by Eric Plackis		Title President		Signature Eric Plackis		Date 7/13/15			

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

RECEIVED

C# 3692

Date of Notification (1) 07/02/15		Name of Building Owner/Operator (2) Township of Lumberton							
Agencies Notified	Type Notification	Street Address 35 Municipal Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Lumberton, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Tom Shover	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 34 Municipal Drive		Square Feet	# of Floors						
City (5) Lumberton		Bldg. Age							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) former municipal building							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 515 Grove Street suite 1 B		Street Address 606 McBride Ave							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856-547-0505	License No. 01104						
Start Date (10) 07/15/2015	Scheduled Completion Date (11) 08/14/2015	Name of OSHA Monitor J&S Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 Weest							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor throughout			x	transite panels	4,106 sf	x			
ground floor throughout			x	joint compound	16,400 sf	x			
ground floor throughout			x	floor tile/mastic	6,285 sf	x			
ground floor			x	pipe insulation	750 lf	x			
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. S-24310	Cubic Yards of Waste n/a	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY		Disposal Date n/a		City, State Waynesburg, OH					
Completed by Momo Glavatovic		Title vice president	Signature 			Date 07/02/2015			

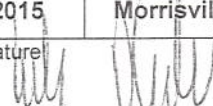
over

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor			x	tank insulation	300 sf	x			
ground floor interior			x	window inter.glazing	3,340 lf	x			
ground floor throughout			x	window inter/exter.caulk	5,670 sf	x			
ground floor			x	boiler breeching	30 sf	x			
ground floor			x	boiler interior insulation	300 sf	x			
ground floor throughout			x	boiler tank insulation	130 sf	x			
ground floor throughout			x	mastic with grey/black tiles	5,310 sf	x			
ground floor			x	roofing field flashing	9,700 sf	x			

No CK

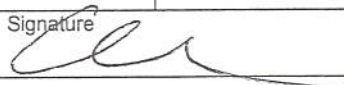
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 07 / 01 / 15			Name of Building Owner/Operator (2) Hackettstown Public Schools						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 315 Washington Street					
				City, State, Zip Code Hackettstown, NJ 07840					
				Name of Contact Mr. John Bowker					
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hatchery Hill Elementary 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 389 5th Avenue									
City (5) Hackettstown				Square Feet 80,000 SF	# of Floors 1				
				Bldg. Age 40+					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 0027		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address 307 N. Wanut Street		Street Address 494 E. 41 Street							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-4317545		Telephone No. 973-345-0022	License No. 00507				
Start Date (10) 07 / 06 / 15		Scheduled Completion Date (11) 07 / 20 / 15		Name of OSHA Monitor East Coast Haz Mat Removal, 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: 7:00AM-4:00PM / ____PM-____AM				Street Address 494 E. 41 Street					
				City, State, Zip Code Paterson, NJ 07504					
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
Halls & Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tiles	17,202 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	1,978 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 Freehold Cartage		NJDEP Waste Hauler ID No. 13206		Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.				
City, State Freehold, NJ 07728		Disposal Date 07-17-2015		City, State Morrisville, PA 12506					
Completed By (Print or Type) Leslie Olszewski		Title Project Manager		Signature 			Date 07-01-15		

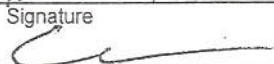
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4952200000

Date of Notification (1) 6/30/15		Name of Building Owner/Operator (2) Chris Cowan Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 415 Twin Lakes Blvd.							
		City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Allie	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chris Cowan Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 415 Twin Lakes Blvd.		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/1/15	Scheduled Completion Date (11) 7/6/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding under stucco			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/6/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/30/15		

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

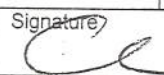
CK 49503-1 ED

Date of Notification (1) 6/30/15		Name of Building Owner/Operator (2) Helen Smith Private Home		2015 JUL -8 AM 9:24					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 23 Mirror Lake City, State, Zip Code Little Egg Harbor NJ 08087 Name of Contact Julia Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Helen Smith Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 23 Mirror Lake				Square Feet 1000+ # of Floors 1 Bldg. Age 35+					
City (5) Little Egg Harbor NJ 08087		County (6) Ocean		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
Start Date (10) 7/1/15		Scheduled Completion Date (11) 7/2/15		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 7/2/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/30/15			

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


ck 4954

2015 JUL -8 AM 9:23
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 7/2/15		Name of Building Owner/Operator (2) Brother John Capozzi							
Agencies Notified	Type Notification	Street Address 118 South Mansfield Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Margate NJ 08402							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brother John Capozzi		Type of Facility (4)							
Street Address 118 South Mansfield Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Margate NJ 08402		Square Feet 1000+	# of Floors 3						
County (6) Atlantic		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 7/22/15		Scheduled Completion Date (11) 8/7/15	Name of OSHA Monitor Same						
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: owners will be occupying home		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Boiler & Holing Tank TSI	100 SF	x			
Basement			x	pipe insulation	180 LF	x			
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952	Cubic Yards of Waste 20	Name of Registered Landfill ACUA					
City, State Egg Harbor NJ		Disposal Date 8/7/15		City, State 6700 Delilah Rd. EHT NJ					
Completed by Anthony T Perna		Title President		Signature 			Date 7/2/15		

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

CK 4955

Date of Notification (1) 7/2/15		Name of Building Owner/Operator (2) Judith Mrozek Private Home							
Agencies Notified	Type Notification	Street Address 12 Brown Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lavallete NJ 08735							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Chad	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Judith Mrozek Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 12 Brown Ave		Square Feet 1000+	# of Floors 1.5						
City (5) Lavallete NJ 08735		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/3/15	Scheduled Completion Date (11) 7/8/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Exterior Siding			X	Exterior Siding	1632 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 7/8/15		City, State Morrisville PA 19607					
Completed by Anthony T Perna		Title President		Signature 			Date 7/2/15		

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

Check # 9358
RECEIVED

Date of Notification (1) July 3, 2015		Name of Building Owner/Operator (2) J Vinch + Sons							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 5465							
		City, State, Zip Code Trenton NJ 08638							
		Name of Contact Gary Vinch							
		Telephone Number 609-264-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage (Auto)		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 330 Reservoir Street									
City (5) Trenton NJ 08618		Square Feet	# of Floors 2						
			Bldg. Age 60+						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Auto Repair Garage						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 7-13-15		Scheduled Completion Date (11) 7-31-15							
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 EPC Technologies Inc							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Area	X			Tar Flashing	600 SF	X			
Under Stairs on 1st fl.		X		9"x9" Floor Tiles	30 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 7-31-15		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 7-3-15			

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

Check # 9355
RECEIVED

Date of Notification (1) 7-3-15		Name of Building Owner/Operator (2) D Villane Construction LLC							
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 2376 South AVE							
		City, State, Zip Code Scotch Plains NJ 07076							
		Name of Contact Don Villane							
		Telephone Number 908-717-1171							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family 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 2007 Birch Street		Square Feet 2200	# of Floors 2						
City (5) Scotch Plains NJ 07076		Bldg. Age 30+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 7-13-15	Scheduled Completion Date (11) 7-20-15	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Walls			X	Siding Shingles	1200 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 7-20-15	City, State Morrisville PA						
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 7-3-15						

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

Check
9359
RECEIVED

Date of Notification (1) 7-3-15		Name of Building Owner/Operator (2) Brennan Bros. Contractors	
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 28 Maple Street
			City, State, Zip Code Old Bridge NJ 08857
			Name of Contact Mike Brennan
		Telephone Number 732 777 7107	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family 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 238 Southard Ave			
City (5) Howell NJ 07731	Square Feet 1	# of Floors 1	Bldg. Age 50+
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) July 24, 2015	Scheduled Completion Date (11) Aug 14, 2015		Name of OSHA Monitor EPC Technologies 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 P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior walls			Siding Shingles
Interior 1st floor		X	Floor Tiles
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 10
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
Disposal Date by 8-14-15		City, State Morrisville PA	
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 7-3-15

Open Window Time frame

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

Check # 9360


RECEIVED

Date of Notification (1) 7-3-15		Name of Building Owner/Operator (2) Brennan Bros. Contractors							
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 28 Maple Street							
		City, State, Zip Code Old Bridge NJ 08857							
		Name of Contact Mike Brennan Telephone Number ---							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Duplex Apartment 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 503 Brielle Road		Square Feet	# of Floors 1						
City (5) Manasquan NJ 08736		Bldg. Age 60+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Duplex Apartment House							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 7-24-15	Scheduled Completion Date (11) 8-14-15		Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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 walls			X	Siding Shingles	2800 SF	X			
Interior Floors		X		Floor Tiles	800 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 8-14-15		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 7-3-15			

Open Window Time Frame

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

ck# 427
RECEIVED

Date of Notification (1) <div style="text-align: center;">06 / 30 / 15</div>			Name of Building Owner/Operator (2) Joseph and Ahuva Seidenfeld			2015 JUL -8 AM 9:20						
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 96/100 Ridge Ave			ASBESTOS CONTROL & LICENSING					
				City, State, Zip Code Passaic, N.J. 07055								
				Name of Contact Joseph and Ahuva Seidenfeld			Telephone Number					
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Resident						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 96/100 Ridge Ave.												
City (5) Passaic, N.J. 07055						Square Feet 6,300Sf		# of Floors 3 Floors				
								Bldg. Age 95 yrs.				
County (6) US; Passica CO.			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Resident						
Name of Monitoring Firm Hired by Building Owner (8) Ally Services, CO			ASCM No. 021-0016		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
Street Address 57 East Durham St.					Street Address 14 Read Drive							
City, State, Zip Code Philadelphia, PA 19119					City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Andy Miller			Telephone No. 215-498-7538		Telephone No. 856-318-1341		License No. 01158					
Start Date (10) <div style="text-align: center;">07 / 10 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 15 / 15</div>			Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / ____PM-____AM					Street Address 14 Read Drive							
					City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Basement		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile		900SF		<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 Graham-Tech Environmental Service, LLC			NJDEP Waste Hauler ID No. 0034600		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081					Disposal Date		City, State 1513 Brodentown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham			Title President		Signature 			Date 6-30-15				

05/17/2032 12:39 FAX

0002/0004

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 06/30/2015		Name of Building Owner/Operator (2) Point Pleasant Board of Education						
Agencies Notified	Type Notification	Street Address 2100 Panther Path						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Point Pleasant, NJ 08742						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Steven Corso	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Memorial Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 808 Laura Herbert Drive		Square Feet	# of Floors					
City (5) Point Pleasant		Bldg. Age						
County (6) Ocean		Current Use (Prior if being demolished) school						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		SCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 5434 King Avenue suite 101		Street Address 606 McBride Ave						
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Woodland Park, NJ 07424						
Project Manager for Monitoring Firm Dennis		Telephone No. 888-306-4545	Telephone No. 973-225-8400					
License No. 01104								
Start Date (10) 07-01-2015	Scheduled Completion Date (11) 07-01-2015	Name of OSHA Monitor J&S 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: start 10 am		Street Address 2333 Route 22 West						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
classroom 11		X	aircell pipe	4lf	X			
classroom 14		X	aircell pipe	2lf	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, NJ		Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavotovic		Title vice president	Signature 		Date 06/30/2015			

15/17/2032 08:35 FAX

0002/0004

Print Form

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

Date of Notification (1) 6/30/2015		Name of Building Owner/Operator (2) Westfield Area Y							
Agencies Notified	Type Notification	Street Address 220 Clark Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Clark Lagemann	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Fit Express		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 220 Clark Street		Square Feet	# of Floors						
City (4) Westfield		Bldg. Age							
County (5) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) wellness center						
Name of Monitoring Firm Hired by Building Owner (8) Deatfil Associates		ASCM No.	Name of Abatement Contractor (9) Lillich Corporation						
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-4378	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 07/01/15	Scheduled Completion Date (11) 07/03/15	Name of OSHA Monitor J&S 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: start 3:30pm		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor old kitchen room			X	TSI	8lf	X			
Name of Registered Waste Hauler Lillich Corporation		NJDEF Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Woodland Park, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavotovic		Title vice president	Signature 			Date 06/30/2015			