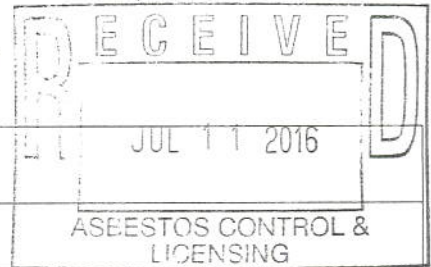


CK 1744

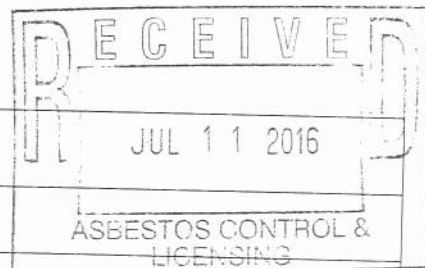
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 7 / 6 / 2016		Name of Building Owner/Operator (2) 2077 Tenants Corporation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 11 2016  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2077 Center Avenue							
		City, State, Zip Code Fort Lee, NJ 07030							
		Name of Contact Stacy Ferraro		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pembroke Cooperative				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 2077 Center Avenue									
City (5) Fort Lee		Square Feet 200,913	# of Floors 23	Bldg. Age 48 yrs					
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EFI Global, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) A-Tech Group LLC						
Street Address 242 Old New Brunswick Road		Street Address 145 Fairfield Road							
City, State, Zip Code Piscataway, NJ 08854		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Robert North		Telephone No. 732-236-6581	Telephone No. (201)328-2255	License No. 01242					
Start Date (10) 7 / 18 / 2016		Scheduled Completion Date (11) 7 / 20 / 2016		Name of OSHA Monitor A-Tech Group LLC					
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 145 Fairfield Road					
				City, State, Zip Code Fairfield NJ 07004					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pump Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Pipe Insulation	145 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 A-Tech Group LLC		NJDEP Waste Hauler ID No. 112495	Cubic Yards of Waste 4CU	Name of Registered Landfill GROWS Landfield					
City, State Fairfield NJ 07004TBD		Disposal Date TBD		City, State Morrisville PA					
Completed By (Print or Type) Goran Lazarevic		Title President		Signature 		Date 7/5/2016			

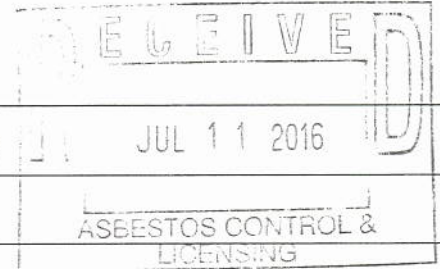
CK 1744

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



Date of Notification (1) 7 / 6 / 2016		Name of Building Owner/Operator (2) 2077 Tenants Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2077 Center Avenue City, State, Zip Code Fort Lee, NJ 07030							
		Name of Contact Stacy Ferraro	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pembroke Cooperative		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 2077 Center Avenue		Square Feet 200,913	# of Floors 23						
City (5) Fort Lee		Bldg. Age 48 yrs							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EFI Global, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) A-Tech Group LLC						
Street Address 242 Old New Brunswick Road		Street Address 145 Fairfield Road							
City, State, Zip Code Piscataway, NJ 08854		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Robert North		Telephone No. 732-236-6581	License No. 01242						
Start Date (10) 7 / 18 / 2016	Scheduled Completion Date (11) 7 / 20 / 2016	Name of OSHA Monitor A-Tech Group LLC							
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 145 Fairfield Road City, State, Zip Code Fairfield NJ 07004							
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
Pump Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Pipe Insulation	145 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 A-Tech Group LLC		NJDEP Waste Hauler ID No. 112495	Cubic Yards of Waste 4CU	Name of Registered Landfill GROWS Landfill					
City, State Fairfield NJ 07004TBD		Disposal Date TBD	City, State Morrisville PA						
Completed By (Print or Type) Goran Lazarevic		Title President	Signature 			Date 7/5/2016			

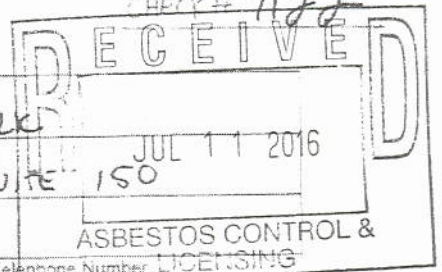
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/05/2016		Name of Building Owner/Operator (2) Morris County School of Technology		JUL 11 2016					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 East Main Street		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Denville, NJ 07834							
		Name of Contact William Mickley		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Morris County School of Technology Building#3			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 400 East Main Street									
City (5) Denville			Square Feet 80,000	# of Floors 2	Bldg. Age 50+				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCN No. 00079		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 20-21 Wagaraw Road Bldg. 35 E			Street Address 265A Route 46 Suite 3D						
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145		Telephone No. 973-256-7010	License No. 0666				
Start Date (10) 07/25/2016		Scheduled Completion Date (11) 07/29/2016		Name of OSHA Monitor Bako Construction & Restoration, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 265A Route 46 Suite 3D						
			City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Building #3 Room 302		X		Exhaust Duct Insulation	350 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 07/05/2016			

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

CHECK # 9122



Date of Notification (1) <b>7/06/16</b>		Name of Building Owner/Operator (2) <b>ARV e MIDLAND PARK</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>100 PASSAIC AVE</b>		City, State, Zip Code <b>FAIRFIELD, N.J. 07004</b>	
Name of Contact <b>MIKE SERVELLO</b>		Telephone Number <b>150</b>	

Name of Facility Where Abatement is Taking Place (3) <b>OFFICE BUILDING</b>		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 <b>648 GODWIN AVE</b>		Square Feet <b>12000</b>	
City (5) <b>MIDLAND PARK</b>		# of Floors <b>2</b>	
County (6) <b>BERGEN</b>		Bldg. Age <b>+50</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>COMMERCIAL</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>	
Street Address		Street Address <b>185 Vreeland Ave.</b>		City, State, Zip Code <b>Midland Park, NJ</b>	
City, State, Zip Code		Telephone No. <b>(201)262-5841</b>		License No. <b>00155</b>	
Project Manager for Monitoring Firm		Telephone No.		License No.	

Start Date (10) <b>7/18/16</b>	Scheduled Completion Date (11) <b>7/30/16</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler St.</b>	
		City, State, Zip Code <b>Hackensack, NJ 07606</b>	

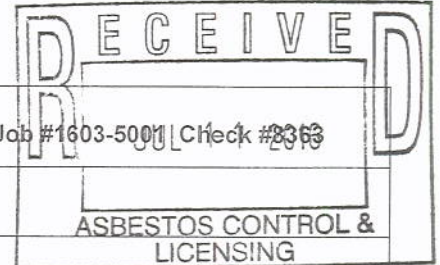
Scope of Work (Check All That Apply)			
<input type="checkbox"/> 23 sf or 23 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> 2150 sf or 2260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>STONE</b>			<input checked="" type="checkbox"/>	<b>VAT</b>	<b>2200 SF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>7/18/16</b>		City, State <b>Bethlehem, PA</b>			
Completed by <b>Joseph Vaccaro</b>		Title <b>Vice President</b>		Signature <i>J. Vaccaro</i>		Date <b>7/06/16</b>	

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

CK 8363



Date of Notification (1) 7 / 6 / 16		Name of Building Owner/Operator (2) Point Pleasant Beach School District / Job #1603-5001 Check #8363	
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 299 Cooks Lane City, State, Zip Code Point Pleasant Beach, NJ 08742 Name of Contact Mark McNamara Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Point Pleasant Beach 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 700 Trenton Ave.		Square Feet	
City (5) Point Pleasant Beach, NJ 08742		# of Floors	Bldg. Age
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) High School	

Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 56 East Bridge Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Richard Beach	Telephone No. 267-991-9212	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 7 / 18 / 16	Scheduled Completion Date (11) 7 / 25 / 16	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

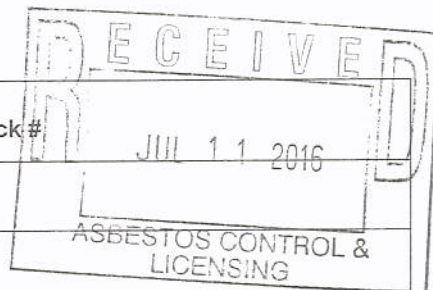
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) 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
Breeze Way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk & Glazing	936 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 12	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 7/25/16	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 7/16/16

NOCK

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



Date of Notification (1) 7 / 5 / 16		Name of Building Owner/Operator (2) PSE&G / Job #1606-5024		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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road		
		City, State, Zip Code South Plainfield, NJ		
		Name of Contact Mark Domingues		Telephone Number

<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) PSE&G- Delair Substation			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 576 June Road			Square Feet	# of Floors
City (5) Pennsauken, NJ 08110			Bldg. Age	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO BOX 365		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529	
Start Date (10) 6 / 29 / 16	Scheduled Completion Date (11) 7 / 29 / 16	Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

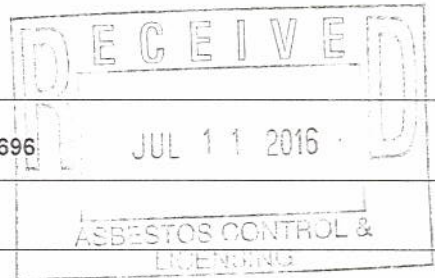
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavated Transite Pipe	2,500 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 Waste Management		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Camden, NJ		Disposal Date 7/29/16	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 7/5/16		

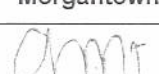
NO CK

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

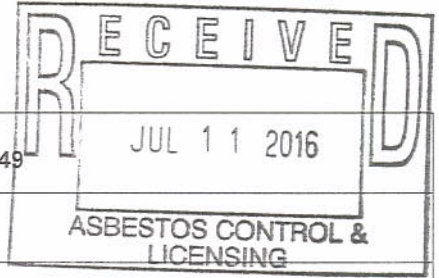


Date of Notification (1) <b>6 / 27 / 16</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1511-4963 Check # 7696</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>7</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Michael Luciani</b> Telephone Number <b>908-486-8888</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Control House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1274 South 2<sup>nd</sup> Street</b>		Square Feet							
City (5) <b>Plainfield, NJ</b>		# of Floors							
County (6) <b>Union</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Control House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO BOX 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>00529</b>						
Start Date (10) <b>11 / 30 / 15</b>	Scheduled Completion Date (11) <b>8 / 31 / 16</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Floor Panels	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing Materials	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Rated Doors	3 Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abandoned transite pipe	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>32</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Camden, NJ</b>		Disposal Date <b>8/31/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>GMT</i>		Date <b>6/27/16</b>			

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JUL 11 2016  
check # 8260  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">6 / 27 / 16</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">PSE&amp;G / Job # 1606-5019 Check # 8260</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>							
		City, State, Zip Code <b>South Plainfield, NJ</b>							
		Name of Contact <b>Chris Coleman</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Ewing Substation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1475 Prospect Street</b>		Square Feet	# of Floors						
City (5) <b>Ewing, NJ 08638</b>		Bldg. Age							
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>PO BOX 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">6 / 20 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 16</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply)  <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Along vertical sides of glass block frame windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caulk	144 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loft Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>		NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Conestoga Landfill</b>					
City, State <b>Flanders, NJ</b>		Disposal Date <b>8/31/16</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 				Date <b>6/27/16</b>	

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

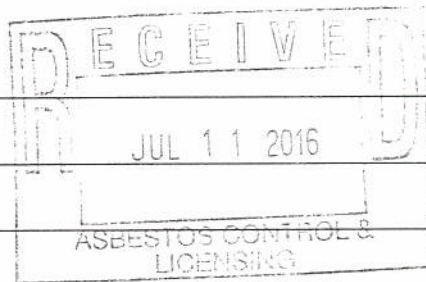


Date of Notification (1) <u>6</u> / <u>27</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1605-5013 Check # 8149</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Mark Domingues</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Somerville</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>292 S. Bridge Street</b>		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) <b>Somerville, NJ 08876</b>		County Code (7)(STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>Substation</b>							
County (6) <b>Somerset</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>							
ASCM No. _____		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO BOX 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>609-265-2107</b>						
License No. <b>00529</b>		Name of OSHA Monitor <b>EMSL Analytical</b>							
Start Date (10) <u>5</u> / <u>23</u> / <u>16</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>16</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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM							
Street Address <b>200 Route 130 North</b>		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag 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 Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation Caulk	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar and Paper Roofing	320 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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Camden, NJ</b>		Disposal Date <b>8/31/16</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>	Signature 				Date <b>6/27/16</b>		

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">6 / 27 / 16</div>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1604-5005 Check # 8264</b>		JUL 11 2016	
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 # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Sharon Bunday</b>	
				Telephone Number <div style="border: 1px solid black; padding: 5px; text-align: center;">ASBESTOS CONTROL &amp; LICENSING</div>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Essex Station</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>155 Raymond Blvd.</b>				Square Feet <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City (5) <b>Newark, NJ 07105</b>				# of Floors <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Current Use (Prior if being demolished) <b>Switching Station</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>PO BOX 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		License No. <b>00529</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>		Telephone No. <b>609-265-2107</b>	
Start Date (10) <div style="text-align: center;">4 / 18 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 16</div>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF)		Abatement Type			
Please see attached		Please see attached		Please see attached	
Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>		NJDEP Waste Hauler ID No. <b>000692061</b>		Cubic Yards of Waste <b>40</b>	
City, State <b>Flanders, NJ</b>		Disposal Date <b>8/31/16</b>		Name of Registered Landfill <b>Conestoga Landfill</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 	
				Date <b>8/27/16</b>	

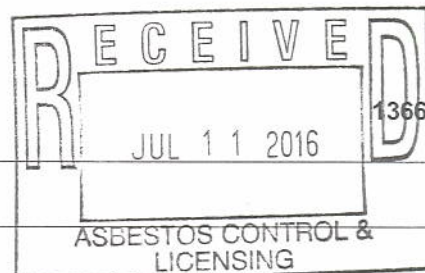
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) July 7, 2016		Name of Building Owner/Operator (2) Builders at Englewood, LLC							
Agencies Notified	Type Notification	Street Address 16 Microlab Road, Suite A							
<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 Livingston, NJ 07039							
		Name of Contact James Puleo	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Englewood Fire 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 13 Williams Street		Square Feet 1,800	# of Floors 2						
City (5) Englewood		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 N Pennell Road		Street Address 407 W Lincoln Highway, Suite 500							
City, State, Zip Code Lima, PA		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	License No. 01161						
Start Date (10) 7/18/16	Scheduled Completion Date (11) 8/31/16	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: 7:00 am - 3:30 PM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hose Tower Roof			X	Roof shingles	140 SF	x			
Generator House			X	Roof Tar	100 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 7/7/16			

CKB66

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



Date of Notification (1) July 01, 2016		Name of Building Owner/Operator (2) Selective Insurance Company							
Agencies Notified	Type Notification	Street Address 40 Wantage Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Branchville, NJ 07890-1000							
		Name of Contact Project Manager	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SRIC Boiler Room		Type of Facility (4)							
Street Address 40 Wantage 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) Branchville, NJ		Square Feet	# of Floors						
County (6) Sussex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Boiler Rm							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASC No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00781						
Start Date (10) 7/16/16	Scheduled Completion Date (11) 8/16/16		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
16" chimney stack	<input checked="" type="checkbox"/>			asbestos insulation	9 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 0.1	Name of Registered Landfill Cumberland County / IESI Bethlehem					
City, State Newark, NJ		Disposal Date 8/16/16		City, State Newburg / Bethlehem, PA					
Completed by Mike Cooper		Title President		Signature 			Date 7/1/16		

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

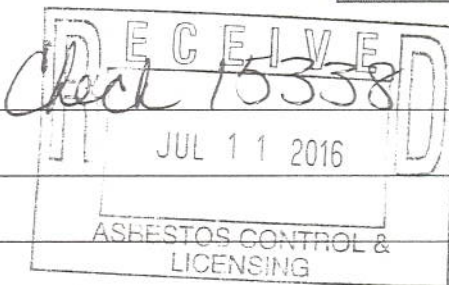
Check # 12285

**GAC Project # 060-16**

Date of Notification (1) <b>July 5, 2016</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086 LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>ROBESON CAMPUS CENTER, BLDG# 7220</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>NEWARK CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>07/15/16</b>		Scheduled Completion Date (11) <b>07/18/16</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
<b>236,237</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>1250 SF</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date <b>07/18/2016</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>July 5, 2016</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

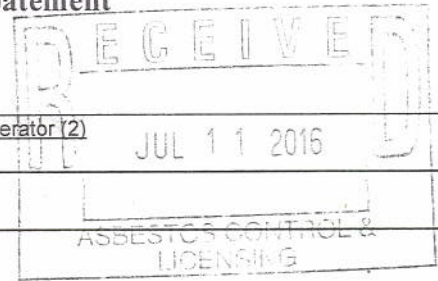
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/6/16		Name of Building Owner/Operator (2) KMK Development Group, Inc.							
Agencies Notified	Type Notification	Street Address 2088 Arrowwood Drive							
<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 Scotch Plains, NJ 07076							
		Name of Contact John Welch	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 5400 Bergenline Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West New York		Square Feet 2000	# of Floors 1						
		Bldg. Age 65							
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. 973-764-2276	License No. 703						
Start Date (10) 7/18/16	Scheduled Completion Date (11) 8/31/16	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 windows & doors			x	caulking	150 SF	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 7/6/16			

# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

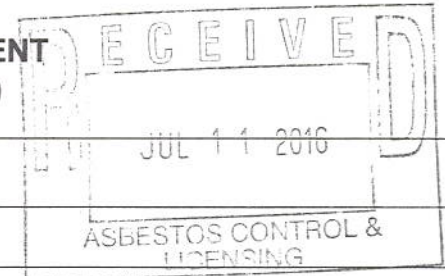


Date of Notification (1) <b>July 5, 2016</b>		Name of Building Owner/Operator (2) <b>Drew University</b>	
Agencies Notified	Notification Type	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification #9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<b>36 Madison Avenue</b>	<b>Madison, NJ</b>
		Name of Contact	Telephone Number
		<b>James Hall</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Drew University- Commons Building</b>		Type of Facility (4)	
Street Address <b>36 Madison Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Madison</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)	Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60</b> years
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates, Inc.</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 Crosswicks Street</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Bordentown, NJ</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Michael Hoodak</b>	Telephone Number <b>609.298.5520</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>March 7, 2016</b>	Scheduled Completion Date (11) <b>July 31, 2016</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
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: <b>Occupied</b>		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Throughout Commons Building 1 <sup>st</sup> Floor 2 <sup>nd</sup> Floor Hallway Kitchen Area 1 <sup>st</sup> Floor Mail Room, Storage Rooms Men's, Woman's Rooms Mech Room	<input checked="" type="checkbox"/>	Spray On Fireproofing TSI Spray on Fireproofing VAT Spray On Fireproofing & TSI Spray On Fireproofing Spray On Fireproofing & TSI Spray On Fireproofing & TSI Spray On Fireproofing	14,800 sf 1,150 lf 2,500 sf 600 sf 2,000 sf 100 sf 1,000 sf & 200 lf 3,100 sf & 500 lf 18 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>800 Cy.yds.</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561 NY DEP #	Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>	Disposal Date <b>July 31, 2016</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>Sr. Project Manager</b>	Signature <i>Marin Graure</i>	Date <b>July 5, 2016</b>

GAC # 2015-551- Please Note: Change to this notification-18 sf of additional spray fireproofing at Mechanical Room

CHK# 1908

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



Date of Notification (1) <b>6/26/2016</b>		Name of Building Owner / Operator (2) <b>Gloucester County Christian School</b>	
Agencies Notified	Type Notification	Street Address <b>151 Golf Club Road</b>	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Sewell NJ 08080</b>	
		Name of Contact <b>Glenn Carlough</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Gloucester County Christian School</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>151 Golf Club Road</b>			Square Feet <b>10000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>
City (5) <b>Sewell</b>	County (6) <b>Gloucester</b>	County Code (7)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
Street Address			Street Address <b>2129 Route 33</b>		
City, State & Zip Code			City, State & Zip Code <b>Hamilton, NJ 08610</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>		License Number <b>01222</b>
Scheduled Start Date (10) <b>7/5/2016</b>		Scheduled Completion Date (11) <b>7/10/2016</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

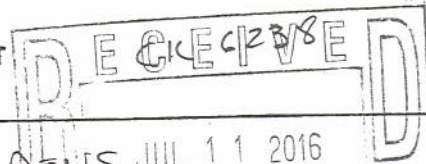
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Classroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Joint Compound (Cutting out pieces whole)</b>	<b>1200sf (includes sheetrock)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>Project</b>	Signature 	Date <b>6/26/2016</b>

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



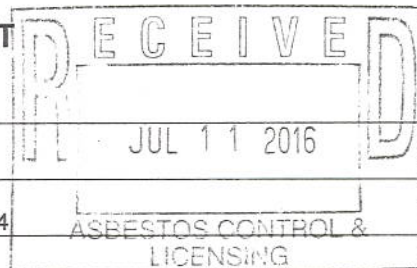
Date of Notification (1) <b>7/5/16</b>		Name of Building Owner/Operator (2) <b>JEFFERSON GARDENS</b>							
Agency Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>90 MARILYN PLACE</b>							
		City, State, Zip Code <b>CLIFTON, NJ, 07015</b>							
		Name of Contact <b>MR BAUER</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JEFFERSON GARDENS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>90 MARILYN PLACE</b>		Square Feet <b>16000</b>	# of Floors <b>2</b>						
City (5) <b>CLIFTON</b>		Bldg. Age <b>1949</b>							
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE / APTS</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>7/18/16</b>	Scheduled Completion Date (11) <b>7/25/16</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room # 4</b>				<b>THERMAL SURFACING INSULATION</b>	<b>360 SF</b>	<input checked="" type="checkbox"/>			
<b>Boiler Room # 4</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>320 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>14 CY</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>7/25/16</b>		City, State <b>Waynesburg, Oh, 44688</b>					
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>		Signature 	Date <b>7/5/16</b>					

RECEIVED  
JUL 11 2016  
ASBESTOS CONTROL & LICENSING

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

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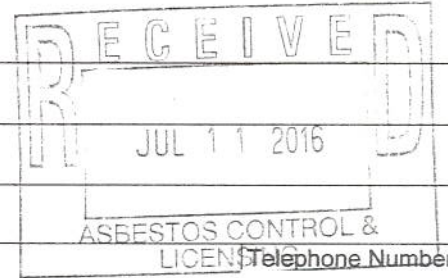
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 6-29-2016		Name of Building Owner / Operator (2) Department of U.S. Navy							
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address Earle Naval Weapons Station, State Highway 34 City, State & Zip Code Colts Neck, NJ 07722 Name of Contact Mr. Barry Halprin Telephone Number 						
	<div align="center"><b>FACILITY INFORMATION</b></div> Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address State Highway 34 City (5) Colts Neck, NJ 07722 County (6) Monmouth County Code (7) 								
Name of Facility (4) 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 14,000 # of Floors 1 Bldg. Age 56 Current Use (Prior if being demolished) Naval Weapons Station		Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-914-4279 License Number 01185							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services Street Address P.O. Box 365 City, State & Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm Mr. Jim Proctor Telephone Number 856-452-1311		ASCM No. 117 Name of OSHA Monitor J&S Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scheduled Start Date (10) 07-11-2016 Scheduled Completion Date (11) 7-25-2016		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30pm-5:30pm <input type="checkbox"/> Facility Occupied During Abatement							
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 ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glove Bag Procedures  <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 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	Encapsulat	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	850 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President		Signature 			Date 6-29-2016		

ck 247p

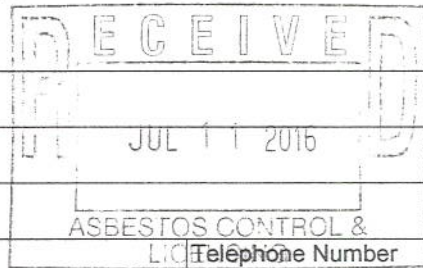
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 7-06-2016		Name of Building Owner / Operator (2) Kennedy University Hospital							
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2201 Chapel Hill Campus						
			City, State & Zip Code Cherry Hill, NJ 08002						
			Name of Contact Mr. James Barth						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-East 1-Command Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2						
City (5) Cherry Hill, NJ	County (6) Camden	Bldg. Age 52							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 7-20-2016	Scheduled Completion Date (11) 8-03-2016	Name of OSHA Monitor J&S Environmental Laboratories Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours  Describe: Project to be conducted 2 <sup>nd</sup> shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulat	Enclosure
East 1 Command Center-Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plaster ceiling	950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East 1 Command Center-Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plaster ceiling	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 07/06/2016			

CP 2490

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



Date of Notification (1) 7-06-2016		Name of Building Owner / Operator (2) Continental Enterprises Apartments, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1200 Sunnyview Oval City, State & Zip Code Keasbey, NJ 08832 Name of Contact Murray Brenman	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Continental Gardens- Building 2		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 33 Willow Drive		Square Feet 4,550	# of Floors 2
City (5) Ocean, NJ	County (6) Monmouth	Bldg. Age 45	
County Code (7)		Current Use (Prior if being demolished) Apartment Building	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 07-19-2016	Scheduled Completion Date (11) 7-21-2016	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am - 5pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

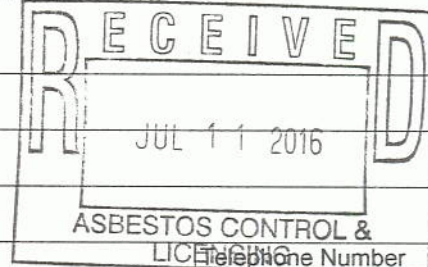
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	576 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 7-06-2016

CK 2488

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



Date of Notification (1) 7-06-2016		Name of Building Owner / Operator (2) Continental Enterprises Apartments, LLC	
Agencies Notified	Type Notification	Street Address 1200 Sunnyview Oval	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Keasbey, NJ 08832	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Murray Brenman	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Continental Gardens- Building 10			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 33 Willow Drive			Square Feet 6,140	# of Floors 2	Bldg. Age 45
City (5) Ocean, NJ	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 07-21-2016		Scheduled Completion Date (11) 7-22-2016		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am - 5pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

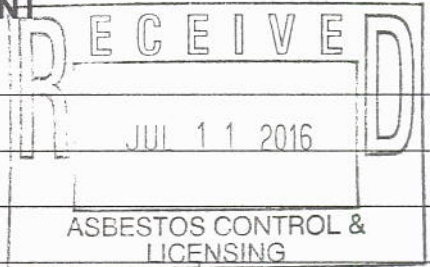
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian F. Haney</i>		Date 7-06-2016

CK 2489

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



Date of Notification (1) 7-06-2016		Name of Building Owner / Operator (2) Continental Enterprises Apartments, LLC	
Agencies Notified	Type Notification	Street Address 1200 Sunnyview Oval	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Keasbey, NJ 08832	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Murray Brenman	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 708-100-1000	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Continental Gardens- Building 4			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 33 Willow Drive			Square Feet 13,020		
City (5) Ocean, NJ			County (6) Monmouth		County Code (7) 45
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			ASCM No. 117		
Street Address P.O. Box 365			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Berlin, NJ 08009			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Jim Proctor			Telephone Number 856-452-1311		License Number 01185
Scheduled Start Date (10) 07-20-2016		Scheduled Completion Date (11) 7-21-2016		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am - 5pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

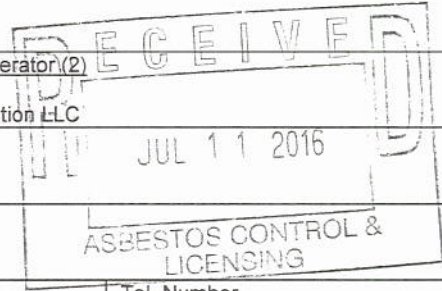
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure           |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition 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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 7-06-2016

CA 00552971

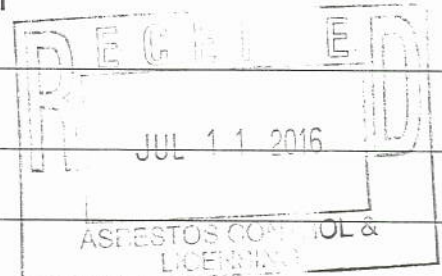
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)



<u>Date of Notification (1)</u> 07/07/16			<u>Name of Building Owner/Operator (2)</u> Calpine New Jersey Generation LLC		
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> ( ) Initial Notification (x) Amended Certification ( ) Cancelled		<u>Street Address</u> 717 Texas Ave, Suite 1000	
				<u>City, State, Zip Code</u> Houston, TX 77002-2743	
				<u>Name of Contact</u> Paul Ostberg	
				<u>Tel. Number</u>	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Calpine New Jersey Generation LLC			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 373 N. Broadway			<u>Sq. Feet</u> 97,850 <u># of Floors</u> 8		
<u>City (5)</u> Pennsville	<u>County (6)</u> Salem	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 55 <u>Current Use</u> (prior if being demolished) Power Plant		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Horizon Environmental Group		<u>ASCM No.</u> 00073	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company		
<u>Street Address</u> PO Box 316			<u>Street Address</u> 2217 Spillman Dr		
<u>City, State, Zip Code</u> Thorofare, NJ 08086			<u>City, State, Zip Code</u> Bethlehem Pennsylvania 18015		
<u>Project Manager for Monitoring Firm</u> Steve Flanigan	<u>Telephone Number</u> 856-848-0800	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721		
<u>Scheduled Start Date (10)</u> 07/18/16	<u>Scheduled Completion Date (11)</u> 03/03/17	<u>Name of OSHA Monitor</u> Brandenburg Industrial Service Company			
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 2217 Spillman Drive		
<u>Describe Demolition</u> (x) Scheduled Demo Start 07/11/16 Scheduled Demo Completion 09/29/17			<u>City, State, Zip Code</u> Bethlehem, PA 18015		
<u>Source of Work (Check all that apply)</u> (x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
Plant Boilers		x Insulation	80,000 sf	x	
Plant Boilers		x Fire Brick	24,000 sf	x	
Main Plant		x Pipe Insulation	12,500 lf	x	
Main Plant		x Transite/Galbestos	29,265 sf	x	
Main Plant		x VAT	53,000 sf	x	
Main Plant		x Flashing/Tar Paper	64,100 sf	x	
Main Plant		x Caulk/Exp Jt	13,570 sf	x	
Pipe Rack		x Pipe Insulation	9,520 lf	x	
Conveyor		x Galbestos	8,000 sf	x	
Misc Small Out Bldgs		x Caulk/Exp Jt	33,000 sf	x	
Misc Small Out Bldgs		x Transite/Galbestos	4,450 sf	x	
Misc Small Out Bldgs		x Insulation	2,840 sf	x	
<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Serv Co	<u>NJDEP Waste Hauler ID #</u> 21838	<u>Cubic Yards of Waste</u> 15,000 cy	<u>Name of Reg. Landfill</u> Waste Management - Tullytown Landfill		
<u>City, State</u> Bethlehem, PA			<u>Disp. Date</u> TBD	<u>City, State</u> Bethlehem, PA	

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

CK 12859

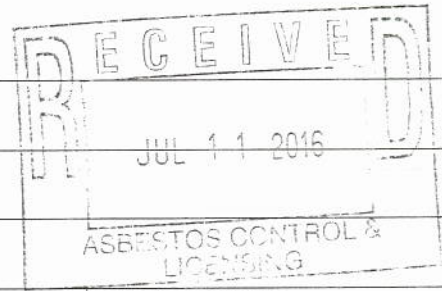


Date of Notification (1) <div style="text-align: center;">7 / 6 / 16</div>		Name of Building Owner/Operator (2) <b>EDENS</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>21 Custom House Street, Suite 450</b>							
		City, State, Zip Code <b>Boston, MA 02110</b>							
		Name of Contact <b>Alyssa Tortolani</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton Shopping Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>301 North Harrison St.</b>									
City (5) <b>Princeton, NJ 08540</b>		Square Feet <b>277,286</b>	# of Floors <b>1</b>						
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>62</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Accredited Environmental Technologies,</b>		ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>28 N. Pennell Rd.</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Eric Sutherland</b>		Telephone No. <b>610-891-0114</b>	License No. <b>00508</b>						
Start Date (10) <div style="text-align: center;">7 / 13 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 26 / 16</div>	Name of OSHA Monitor <b>AET</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>3</u> AM		Street Address <b>28 N. Pennell Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Unit 440	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 440	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 340	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 560	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	3400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Empire Wrecking Company of Reading</b>		NJDEP Waste Hauler ID No. <b>13318</b>	Cubic Yards of Waste <b>60</b>	Name of Registered Landfill <b>Western Berks Landfill</b>					
City, State <b>Reading, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>		Title <b>Estimator</b>		Signature 			Date <b>7/6/16</b>		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
Unit 130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	5000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<						

NO CK

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



Date of Notification (1) <b>July 05, 2016</b>		Name of Building Owner/Operator (2) <b>Restore Core</b>						
Agencies Notified	Type Notification	Street Address <b>650 Clark Avenue</b>						
<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 Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>King of Prussia, PA 19406</b>						
		Name of Contact <b>Project Manager</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>building</b>		Type of Facility (4)						
Street Address <b>269 Sheperd Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Bound Brook, NJ 08805</b>		Square Feet	# of Floors Bldg. Age					
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>building</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>					
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>					
Start Date (10) <b>ON-HOLD - New Start date TDB</b>		Scheduled Completion Date (11) <b>12/31/16</b>	License No. <b>00781</b>					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>1500 Kings HWY N, STE 209</b>						
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>850 s/f</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>throughout</b>		<input checked="" type="checkbox"/>	<b>floor tile</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>8.5</b>	Name of Registered Landfill <b>Cumberland County / IESI Bethlehem</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>12/31/16</b>		City, State <b>Newburg / Bethlehem, PA</b>				
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 		Date <b>7/5/16</b>			

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

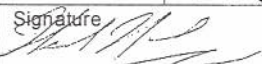
1188

Date of Notification (1) <b>June 14, 2016</b>		Name of Building Owner/Operator (2) <b>Restore Core</b>	
Agencies Notified	Type Notification	Street Address <b>650 Clark Avenue</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 <b>King of Prussia, PA 19406</b>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>Project Manager</b>	Telephone Number

**RECEIVED**  
 JUL 11 2016  
**ASBESTOS CONTROL & LICENSING**

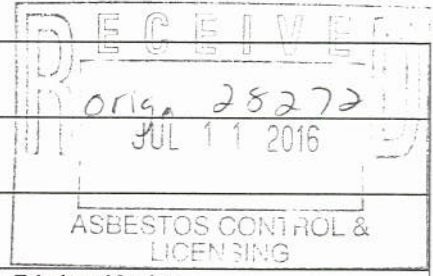
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>building</b>		Type of Facility (4)	
Street Address <b>269 Sheperd Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Bound Brook, NJ 08805</b>		Square Feet	# of Floors
County (6) <b>Somerset</b>		Bldg. Age	
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) <b>building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>
Start Date (10) <b>7/5/16</b>	Scheduled Completion Date (11) <b>10/5/16</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<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 <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout		<input checked="" type="checkbox"/>		floor tile	850 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>8.5</b>	Name of Registered Landfill <b>Cumberland County / IESI Bethlehem</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>10/5/16</b>		City, State <b>Newburg / Bethlehem, PA</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 		Date <b>6/14/16</b>

NO CK

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



Date of Notification (1) 7/5/2016		Name of Building Owner/Operator (2) 1600 Holding, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 58 2 <sup>nd</sup> Avenue	
		City, State, Zip Code Brooklyn, NY 11215	
		Name of Contact Martin Grossman	Telephone Number

**FACILITY INFORMATION**

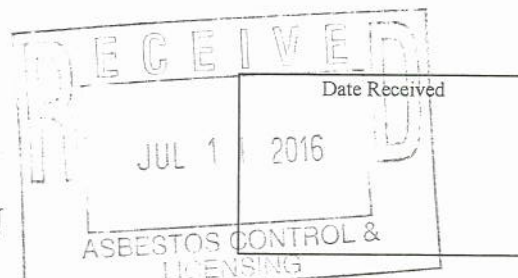
Name of Facility Where Abatement is Taking Place (3) Former Warehouse (Fire Job)			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1600 Livingston Avenue			Square feet 700,000 sf		
City North Brunswick	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 100	
Current Use (Prior if being demolished) Former Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/23/15		Scheduled Completion Date (11) 8/31/16		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	4,000 sf	X			
Miscellaneous		X			?	X			

Name of Registered Waste Hauler Sakoutis Brothers Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill T.R.R.F.	
City, State Colts Neck, New Jersey		Disposal Date 9/1/16		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fericola		Title Project Manager	Signature 		Date 7/5/2016

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

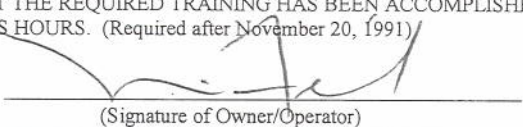
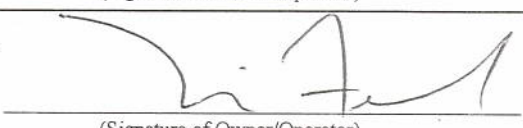
GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755



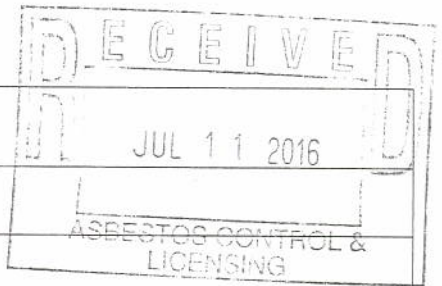
## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): <b>R</b>				II. IS ASBESTOS PRESENT? (Yes/No): <b>Y</b>	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: <b>1600 Holding, LLC</b>					
Address: <b>58 2<sup>nd</sup> Avenue</b>					
City: <b>Brooklyn</b>		State: <b>New York</b>		Zip: <b>11215</b>	
Contact: <b>Martin Grossman</b>				Tel: <b>732-683-0600</b>	
REMOVAL CONTRACTOR: <b>Guardian Contracting, Inc.</b>				NJ License: <b>00624</b>	
Address: <b>1889 Route 9, Unit 61</b>					
City: <b>Toms River</b>		State: <b>New Jersey</b>		Zip: <b>08755</b>	
Contact: <b>Nicholas Fernicola</b>				Tel: <b>732-349-9932</b>	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): <b>D</b>					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: <b>Former Warehouse Fire Job)</b>					
Address: <b>1600 Livingston Avenue</b>					
City: <b>North Brunswick</b>		State: <b>New Jersey</b>		County: <b>Middlesex</b>	
Site Location: <b>Exterior</b>					
Building Size: <b>700,000 sf</b>		# of Floors: <b>1</b>		Age in Years: <b>100</b>	
Present Use: <b>Former Warehouse</b>				Prior Use: <b>Former Warehouse</b>	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed				Nonfriable Asbestos Material Not To Be Removed	
2. Category I ACM not removed				Cat I	
3. Category II ACM not removed				Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): <b>4,000 sf</b>		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		11/23/15		Complete: 8/31/16	

## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution tape and warning signs. The asbestos will be removed by non-friable procedures. All waste will be placed in lined dumpster for disposal.		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola		
	WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)  <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u>            (Printed Name/Title)         </div> <div>             (Signature of Owner/Operator)         </div> <div> <u>July 5, 2016</u>            (Date)         </div> </div>		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u>            (Printed Name/Title)         </div> <div>             (Signature of Owner/Operator)         </div> <div> <u>July 5, 2016</u>            (Date)         </div> </div>		

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

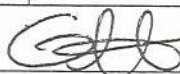


Date of Notification (1) <u>7</u> / <u>6</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>Greg Saputelli</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Moorestown, NJ 08057</b>							
		Name of Contact <b>Greg Saputelli</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saputelli Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Moorestown</b>		Square Feet <b>5,000</b>	# of Floors <b>3</b> Bldg. Age <b>80</b>						
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Mgmt. &amp; Environmental Consulting Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b> License No. <b>00842</b>						
Start Date (10) <u>07</u> / <u>21</u> / <u>16</u>	Scheduled Completion Date (11) <u>07</u> / <u>25</u> / <u>16</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<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							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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"/>	Paper on Ductwork	13 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris on Ductwork	130 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>07/25/2016</b>		City, State <b>Newburg, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Operations Manager</b>		Signature 			Date <b>7/16/16</b>		

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

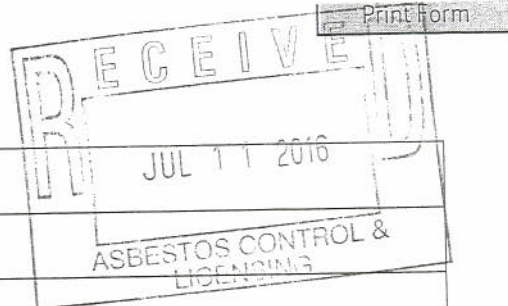
**RECEIVED**  
JUL 11 2016

ch#4194

Date of Notification (1) 07/05/2016		Name of Building Owner/Operator (2) West Orange Board of Education							
Agencies Notified	Type Notification	Street Address 179 Eagle Rock Avenue	ASBESTOS CONTROL & L.L.C.						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Robert Csigi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Roosevelt School		Type of Facility (4)							
Street Address 36 Gilbert Place		<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) West Orange		Square Feet	# of Floors Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address POB 385		Street Address 606 McBride Ave							
City, State, Zip Code Oceanville, NJ 08		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400 License No. 01104						
Start Date (10) 07/06/16	Scheduled Completion Date (11) 07/07/16	Name of OSHA Monitor J&S Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: start 4 pm		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"/> <b>WRAP/CURE</b> <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
room 310		X		pipe/fittings	18 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title vice president	Signature 	Date 07/05/2016					

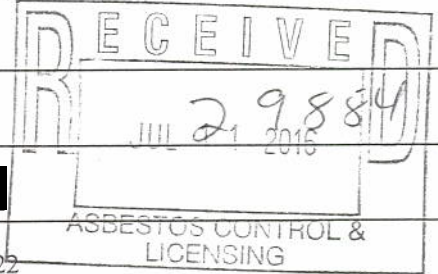
OK 21463

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



Date of Notification (1) 07/05/2016		Name of Building Owner/Operator (2) Sharon Melvin						
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Teaneck, NJ 07666						
Name of Contact Sharon Melvin		Telephone Number						
<b>FACILITY INFORMATION</b>								
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 & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age						
City (5) Teaneck		Current Use (Prior if being demolished)						
County (6) Bergen		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
City, State, Zip Code		Street Address 11 VREELAND AVENUE						
Project Manager for Monitoring Firm		City, State, Zip Code TOTOWA, NJ 07512						
Telephone No.		Telephone No. 973-956-8700						
Start Date (10) 07/16/2016		License No. 00494						
Scheduled Completion Date (11) 07/20/2016		Name of OSHA Monitor SAME AS (9) 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						
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		City, State, Zip Code						
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) 250 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		x		Pipe	x			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 5		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.		
City, State TOTOWA, NJ		Disposal Date 07/20/2016		City, State MORRISVILLE, PA				
Completed by Danielle Mihajlovic		Title PROJECT COORDINATOR		Signature 		Date 07/05/2016		

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



Date of Notification (1) <div style="text-align: center;">July 6, 2016</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Stephen Amplo</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>	
		City, State, Zip Code <div style="text-align: center;">Colts Neck, NJ 07722</div>	
		Name of Contact <div style="text-align: center;">Stephen Amplo</div>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</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 & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>					
City <div style="text-align: center;">Bayville</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">800 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">7/19/16</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/20/16</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="display: flex; justify-content: space-around;"><span>YES</span><span>NO</span><span>N/A</span></div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	700 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">7/21/16</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">7/6/16</div>

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

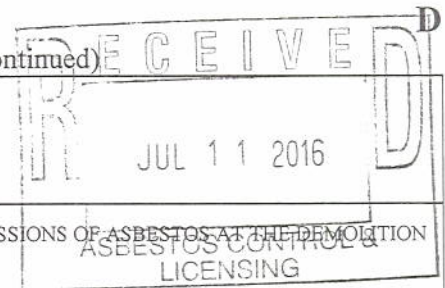
GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755



## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Stephen Amplo.					
Address: [REDACTED]					
City: Colts Neck		State: NJ		Zip: 07722	
Contact: Stephen Amplo				Tel: [REDACTED]	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 37 Amherst Drive					
City: Bayville		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 800 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 700 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		7/19/16		Complete: 7/21/16	

# NOTIFICATION OF DEMOLITION AND RENOVATION (continued)



x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61

City: Toms River State: New Jersey Zip: 08755

Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:

Address:

City: State: Zip:

Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordentown Road

City: Tullytown State: Pennsylvania Zip: 19007

Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name: Title:

Authority:

Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager  
(Printed Name/Title)

(Signature of Owner/Operator)

July 6, 2016  
(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager  
(Printed Name/Title)

(Signature of Owner/Operator)

July 6, 2016  
(Date)

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

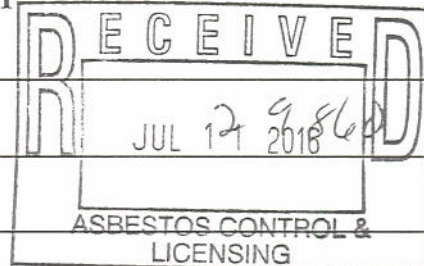
CK 4713

Date of Notification (1) 07/06/16		Name of Building Owner/Operator (2) DAN		<div style="border: 1px solid black; padding: 5px;"> JUL 11 2016  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MILLTOWN, NJ 08850		Telephone Number					
		Name of Contact DAN							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) MILLTOWN, NJ				Square Feet 2,000	# of Floors 2				
County (6) MIDDLESEX COUNTY				Bldg. Age					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 07/18/16		Scheduled Completion Date (11) 07/19/16		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT					
				City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				ACM TILE	900 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 07/19/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 07/06/16			

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

Date of Notification (1) 07/06/16		Name of Building Owner/Operator (2) RIVEREDGE MANAGEMENT LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 11 2016  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 65 KINGSLAND AVENUE, SUITE 2							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07014							
		Name of Contact SARAH HEIMOWITZ		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) UNION CITY, NJ				Square Feet	# of Floors				
County (6) HUDSON COUNTY		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) MULTI-FAMILY HOME					
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 07/17/16		Scheduled Completion Date (11) 07/18/16		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT					
				City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				PIPING	150 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5 YARDS	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 07/18/16	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 07/06/15			

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



Date of Notification (1) <p style="text-align: center;">July 5, 2016</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Stephen Marks</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>	City, State, Zip Code <p style="text-align: center;">Kearny, NJ 07032</p>
		Name of Contact <p style="text-align: center;">Stephen Marks</p>	Telephone Number <p style="text-align: center;">--</p>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>					
City <p style="text-align: center;">Seaside Park</p>	County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	Square feet <p style="text-align: center;">600 sf</p>	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">60</p>
			Current Use (Prior if being demolished) <p style="text-align: center;">Garage</p>		
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>		ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
Street Address		Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>			
City, State, Zip Code		City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <p style="text-align: center;">732-349-9932</p>	License Number <p style="text-align: center;">00624</p>	
Scheduled Start Date (10) <p style="text-align: center;">7/15/16</p>	Scheduled Completion Date (11) <p style="text-align: center;">7/18/16</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>		
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 style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior garage		X		Asbestos roof	600 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">7/19/16</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">7/5/16</p>

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