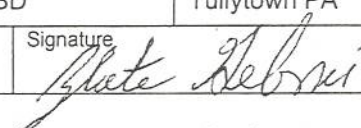


PK 1482

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

Date of Notification (1) 07/17/2015		Name of Building Owner/Operator (2) Doug Purviance							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 420 Harding Dr City, State, Zip Code South Orange NJ Name of Contact Doug Purviance						
	Telephone Number 908 2007								
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 420 Harding Dr			Square Feet 2,000	# of Floors 2	Bldg. Age 50+				
City (5) South Orange NJ		County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244	License No. 01155					
Start Date (10) 07/27/2015		Scheduled Completion Date (11) 7/29/2015		Name of OSHA Monitor Academy Construction 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 205 Route 46 West Suite 14 City, State, Zip Code Totowa NJ 07512						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Garage			X	TSI	9 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by Zlate Geleski		Title VP	Signature 		Date 07/17/2015				

CHK# 2706

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

Date of Notification (1) 7/20/15		Name of Building Owner/Operator (2) John Clemmer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 430 Green Lane	
		City, State, Zip Code Belvidere, New Jersey 07823	
		Name of Contact John	Telephone Number

2015 JUL 22 11:15 AM

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Store front		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 62 Main Street		Square Feet 1500	# of Floors 1
City (5) High Bridge		Bldg. Age 50+	
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 8/3/15	Scheduled Completion Date (11) 8/6/15	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	Pipewrap	160lf	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey			Disposal Date 8/6/15	City, State Easton,, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature 	Date 7/20/15		

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

CR# 2705

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

2015 JUL 22 AM 7:15

Date of Notification (1) 7/18/15		Name of Building Owner/Operator (2) Hebbatam Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 Richard Rd	
		City, State, Zip Code Edison, New Jersey 08820	
		Name of Contact Raj	Telephone Number -----

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hebbatam Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 55 Richard Rd		Square Feet 1400	# of Floors 1	Bldg. Age 55+
City (5) Edison		Current Use (Prior if being demolished) residence		
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road		
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757	License No. 00029
Start Date (10) 7/27/15	Scheduled Completion Date (11) 8/3/15	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input 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

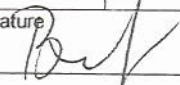
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
indoor			X	floor tile	50sf	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 8/3/15		City, State Easton,, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature 		Date 7/18/15	

CR# 2705

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

HEDE
 2015 JUL 22 10 15 AM '15

Date of Notification (1) 7/18/15		Name of Building Owner/Operator (2) Joan Mulcahy								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Central Ave		Telephone Number 717115					
			City, State, Zip Code Bradley Beach							
			Name of Contact Joan							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Mulcahy Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 25 Central Ave			Square Feet 1500	# of Floors 1	Bldg. Age 55+					
City (5) Bradley Beach			Current Use (Prior if being demolished) residence							
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 7/28/15		Scheduled Completion Date (11) 8/3/15		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			Street Address							
			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement			x	pipe insulation	140sf	x				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins						
City, State Colts Neck, New Jersey			Disposal Date 8/3/15	City, State Easton,, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		Date 7/18/15					

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

CK 3610

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

RECEIVED
 2015 JUL 22 AM 7:14
 ASBESTOS CONTROL
 SLIPPERY

Date of Notification (1) 07/17/15		Name of Building Owner/Operator (2) MARK MASSARO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 119 RARITAN AVENUE City, State, Zip Code KEANSBURG, NJ 07734 Name of Contact MARK Telephone Number 201-...

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 119 RARITAN AVENUE		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.)	
City (5) KEANSBURG, NJ	Square Feet 2000	# of Floors 2	Bldg. Age
County (6) MONMOUTH COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200

Start Date (10) 07/20/15	Scheduled Completion Date (11) 07/20/15	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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
STAIRWAY				ACM TILE	60 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 YARDS	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 07/20/15	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date 07/17/15

CK 006067

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

D&S Proj. #: 2015-251

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2015 JUL 22 AM 11:29

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 17 10 18 / 1 15		Name of Building Owner/Operator (2) Melissa Cifu	
Agencies Notified	Type Notification	Street Address 121 Lawrence Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code SHORT HILLS, NJ 07078	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Melissa Cifu	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Melissa Cifu			Type of Facility (4)		
Street Address 121 Lawrence Drive			<input type="checkbox"/> School (K - 12)		
City (5) SHORT HILLS			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) ESSEX		County Code (7) (State use only)	<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
			Square Feet	# of Floors	Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 08/06/15	Sched. Completion Date (11) 08/28/15		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		DUCT INSULATION	50 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503		Disposal Date 08/07/15		City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 07/08/2015

CK 006050

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

D&S Proj. #: 2015 - 242

RECEIVED

2015 JUL 22 AM 11:29

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/17/10 18/11/15		Name of Building Owner/Operator (2) Tyler Adel	
Agencies Notified	Type Notification	Street Address 57 Grove Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code maywood, nj 07607	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Tyler Adel	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tyler Adel			Type of Facility (4)		
Street Address 57 Grove Avenue			<input type="checkbox"/> School (K - 12)		
City (5) maywood			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) BERGEN		County Code (7) (State use only)	<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Square Feet			# of Floors	Bldg. Age	
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/23/15		Sched. Completion Date (11) 08/20/15			
Occupancy Status During Abatement (Check only one)					
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.					
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		


Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c L
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	601 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503		Disposal Date 07/24/15		City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 07/08/ 2015	

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

Date of Notification (1) 7-14-2015		Name of Building Owner/Operator (2) Rockaway Township Public Schools								
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 16 School Road							
	City, State, Zip Code Hibernia, NJ 07842			Name of Contact Donnamarie Palmiere						
				Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Catherine A. Dwyer School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 665 Mt. Hope Avenue			Square Feet 40,000 +	# of Floors 2	Bldg. Age 50+					
City (5) Wharton		County (6) Morris		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127		Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street			Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545		Telephone No. (201)710-9725						
				License No. 01084						
Start Date (10) 7-17-2015		Scheduled Completion Date (11) 7-30-2015		Name of OSHA Monitor GL Group, 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 140 Hamburg Tpke							
			City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Hallways		X		Pipe Fitting	200 fittings	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS				
City, State Bloomingdale, NJ				Disposal Date TBD		City, State Morrisville, PA				
Completed by Elena Solakov			Title President		Signature 			Date 7-14-2015		

EDS15-227

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

Page 1 of 2
 Check #1495

Date of Notification (1) 7-9-2015		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2175 Lemoine Avenue							
		City, State, Zip Code Fort Lee, NJ							
		Name of Contact Jack DeNichilo	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LEWIS F. COLE MIDDLE SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 467 STILLWELL AVENUE		Square Feet 40,000 +	# of Floors 1						
City (5) FORT LEE		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCN No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingtondale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 7-10-2015 at 3pm	Scheduled Completion Date (11) 7-13-15	Name of OSHA Monitor GL Group, 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 140 Hamburg Tpke							
		City, State, Zip Code Bloomingtondale, NJ 07403							
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 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
Music Room		X		Pipe Fitting	4 fittings	X			
Old Nurses Bathroom		X		Pipe Fitting	9 LF	X			
Hall by Computer Room (paint. red)		X		Pipe Fitting/Wrapping	14 LF	X			
Hallways		X		Pipe Insulation Repair	15 LF		X		
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingtondale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 7-9-2015			

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

305 2015 07/09/2015

CONTINUATION SHEET

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			
						R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
	Yes	No	N/A						
Old Computer Room	X			Floor Tile and Mastic	3 SF	X			

Completed By: (Print or Type) Elena Solakov	Title President	Signature <i>Elena Solakov</i>	Date 7/9/2015
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OK 38390

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

2015 JUL 22 14:11:20
LICENSING

Date of Notification (1) 07/21/15 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number 1091	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- New South- Basement			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address New South			Square Feet 10000	# of Floors 5	Bldg. Age 70+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		

Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 3 Terri Lane		Street Address 98 LaCrue Avenue			
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Glen Mills, PA 19342			
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622	Licence Number 1103	

Scheduled Start Date (10) 07/30/15 Month/Day/Year	Sched. Completion Date (11) 07/31/15 Month/Day/Year	Name of OSHA Monitor Criterion Labs			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: ___ 7:00 AM to 3:30 PM Other - Describe: _____		Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020			

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

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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No	N/A			R	E	N	E			
						M	O	P	A	L		
Basement		<input checked="" type="checkbox"/>		floor tile	20 SF	<input checked="" type="checkbox"/>						
						<input checked="" type="checkbox"/>						
						<input checked="" type="checkbox"/>						

Name of Registered Waste Hauler Robbinson Waste	NJDEP Waste Hauler ID No. 173	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Voorhees NJ		Disposal Date As needed	City, State Morrisville PA

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 7-21-15
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OK 4192

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

RECEIVED

Date of Notification (1) July 21, 2015		Name of Building Owner/Operator (2) Cocca Development LTD		2015 JUL 22 AM 11:21								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 DeBartolo Place, Suite 400 City, State, Zip Code Boardman, OH 44512 Name of Contact Loni Cocca Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Manischevitz Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 214 N. Delsea Drive			Square Feet 45,000	# of Floors 2	Bldg. Age 50+							
City (5) Vineland		County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Food Processing							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC									
Street Address		Street Address 407 West Lincoln Highway, Suite 500										
City, State, Zip Code		City, State, Zip Code Exton, PA 19341										
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 484-872-8884	License No. 01161								
Start Date (10) August 3, 2015	Scheduled Completion Date (11) August 14, 2015		Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Exterior				X	Door and window caulk		300 SF		X			
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 7	Name of Registered Landfill Cumberland County Landfill							
City, State Trenton, NJ		Disposal Date TBD		City, State Millville, NJ								
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 7/21/15				