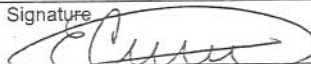


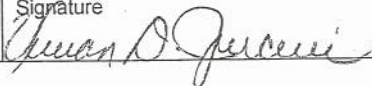
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 1401

Date of Notification (1) July 24, 2015		Name of Building Owner/Operator (2) City of Paterson							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 Market Street							
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demolition		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 16 Lewis Street		Square Feet 2000	# of Floors 2						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) July 25, 2015		Scheduled Completion Date (11) July 26, 2015							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Loznica Management Corporation							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 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
Front Porch			x	To be disposed of as	TBD	x			
				asbests					
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale, NJ			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date July 24, 2015			

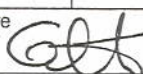
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH# 5231

Date of Notification (1) July 24th, 2015		Name of Building Owner/Operator (2) Creamer Sanzari, A Joint Venture		JUL 23 2015	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		101 East Broadway	
				City, State, Zip Code Hackensack, New Jersey 07601-6846	
				Name of Contact Chris Menge	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NJ Transit Main Line				Type of Facility (4)	
Street Address Route #21 Ramp F				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Passaic				Square Feet	# of Floors
				Bldg. Age	
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Highway	
Name of Monitoring Firm Hired by Building Owner (8) Skelly & Loy, Inc.		ASCM No.		Name of Abatement Contractor (9) Slavco Construction Inc.	
Street Address 449 Eisenhower Blvd.				Street Address 164 Getty Ave.	
City, State, Zip Code Harrisburg, Pa 17111				City, State, Zip Code Clifton, New Jersey 07011-1802	
Project Manager for Monitoring Firm Dan Davis		Telephone No. 412-828-1412		Telephone No. 973-478-4848	License No. 00724
Start Date (10) August 3rd, 2015		Scheduled Completion Date (11) December 31, 2015		Name of OSHA Monitor Slavco Construction Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7:00am-3:30pm Monday-Friday				City, State, Zip Code Clifton, New Jersey 07011-1802	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Underpass Bridge			x	Joint Material	80SF
	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, New Jersey 07011-1802		Disposal Date TBD		City, State Morrisville, Pa	
Completed by Vivian D. Jurcevic		Title Office Manager		Signature 	Date July 24th, 2015

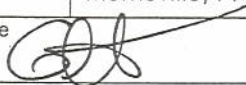
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Ch# 3719


Date of Notification (1) 07/23/2015		Name of Building Owner/Operator (2) St. Rose High School							
Agencies Notified	Type Notification	Street Address 607 7th Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belmar, NJ 07719							
		Name of Contact Chuck Rutan	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Rose 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 & commercial buildings, homes, etc.)							
Street Address 607 7th Ave		Square Feet	# of Floors						
City (5) Belmar		Bidg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Ave							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 08/04/15	Scheduled Completion Date (11) 08/06/15	Name of OSHA Monitor J&S Environmental Laboratories, 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 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> wrap/cure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bolier room	x			pipe insulation/wrap-cure	3LF		x		
1st floor hallway/weight room/former			x	pipe/fitting insulation/wrap-cure	5LF		x		
1st fl boiler room			x	ceiling panels/wrap-cure	2LF		x		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, PA					
City, State Woodland Park, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title vice president	Signature 	Date 07/23/2015					

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

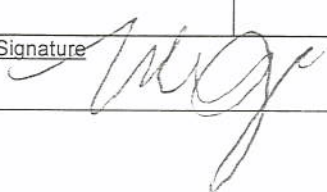
ch#3720

Date of Notification (1) 07/23/2015		Name of Building Owner/Operator (2) Middlesex Board of Education		JUL 23 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 300 JFK Drive City, State, Zip Code Middlesex, NJ 08846 Name of Contact Ray Mulvey Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hazelwood Elementary school				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 800 Hazelwood Ave				Square Feet # of Floors Bldg. Age					
City (5) Middlesex		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 3 Crosswicks Street		City, State, Zip Code Bordentown, NJ 08505		Street Address 606 McBride Ave City, State, Zip Code Woodland Park, NJ 07424					
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520		Telephone No. 973-225-8400 License No. 01104					
Start Date (10) 08/03/15		Scheduled Completion Date (11) 08/07/15		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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied sub-8				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			x	gasket insulation	25lf	x			
boiler room			x	boiler refractory	40sf	x			
boiler room			x	boiler insulation	40sf				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste		Name of Registered Landfill GROWS, PA			
City, State Woodland Park, NJ				Disposal Date		City, State Morrisville, PA			
Completed by Momo Glavatovic		Title vice president		Signature 		Date 07/23/2015			

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

Date of Notification (1) July 23, 2015		Name of Building Owner/Operator (2) Estate of Nina Bein c/o Robert Bein		Check # 2249					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		545 Mud College Road					
				City, State, Zip Code Littlestown, PA 17340					
		Name of Contact Robert Bein		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bein Residence				Type of Facility (4)					
Street Address 1072 Trafalgar Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Teaneck				Square Feet 3,000	# of Floors 2				
				Bldg. Age 75					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341			Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) August 5, 2015		Scheduled Completion Date (11) August 28, 2015		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			XXX	Textured Paint	2,800 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 40	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ				Disposal Date 8/28/2015	City, State Newburg, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 7/23/2015			

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) 07/24/2015		Name of Building Owner/Operator (2) Delaware Valley Regional High School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 19 Senator Stout Road		City, State, Zip Code Frenchtown, NJ 08825	
Name of Contact Mrs. Daria Wasserbach		Telephone Number 609-398-2215	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Delaware Valley Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # of Floors: Bldg. Age: 1960's Current Use (prior if being demolished): High School	
Street Address 19 Senator Stout Road			
City (5) Frenchtown	County (6) Hunterdon	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City, State, Zip Code		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		Telephone Number P (732)926-0900	License Number 01237
Scheduled Start Date (10) 07/29/15		Scheduled Completion Date (11) 08/03/15	
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: Mon-Sat 3:30 pm to 11:00 pm		Name of OSHA Monitor IAQ GURU LLC	
		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> $x \geq 3 \text{ sf or } \geq 3 \text{ lf}$ <input type="checkbox"/> $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
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 misc.)	Amount (Specify SF or LF)
Server / Storage Room Adjacent to C101	<input checked="" type="checkbox"/>	Window Glaze & Caulk	40 LF
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste
Name of Registered Landfill Chrin Landfill		Disposal Date	City, State Allentown, PA
Completed by (Print or Type) Mark M Jovic	Title Consultant	Signature 	Date 7-24-15

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

Date of Notification (1) 07/23/15		Name of Building Owner/Operator (2) Summit School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 14 Beekman Terrace City, State, Zip Code Summit, NJ 07901		Name of Contact Mr. Louis Pèpe	
Tel. Number _____			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Franklin Elementary School Street Address 136 Blackburn Rd City (5) Summit County (6) Union County Code (7) (State Use Only)		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.)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental Street Address 307 N Walnut Street City, State, Zip Code West Chester, PA 19380		ASCM No. 00127 Name of Contractor (9) MTM Metro Corporation Street Address 135-137 McBride Ave City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Matt Abraham Telephone Number 610-996-3515		Telephone Number 973-742-5030 License Number 00809	
Scheduled Start Date (10) 7/25/2015 Scheduled Completion Date (11) 7/28/2015		Name of OSHA Monitor MTM Metro Corporation	
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 135-137 McBride Avenue City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 33 & 34		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A X	
Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI-pipe and fittings		Amount (Specify SF or LF) 60 LF	
Abatement Type Rem. Rep. Encap Enclose X			
Name of Reg. Waste Hauler MTM Metro Corporation City, State Paterson, NJ 07501		NJDEP Waste Hauler ID # 26552 Cubic Yards of Waste 10 Name of Reg. Landfill Tullytown City, State Tullytown, PA	
Disp. Date 7/29/2015			
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	
Signature Elizabeth Maslarkov		Date 7/23/2015	

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

Date of Notification (1) 7-24-15		Name of Building Owner/Operator (2) Steve Harms	
Agencies Notified	Type Notification	Street Address 158 S Mountain Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Steve Harms	
<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) Same as above			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			Square Feet 4500	# of Floors 3	Bldg. Age 88
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-10-15 Month Day Year	Sched. Completion Date (11) 8-11-15 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

<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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	135 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 8-12-15	City, State Waynesburg, OH 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>		Date 7-24-15	

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

Date of Notification (1) 7-24-15		Name of Building Owner/Operator (2) Lisa Tomchek	
Agencies Notified	Type Notification	Street Address 20 Yale Terrace	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Lisa Tomchek	
<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) Same as above			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			Square Feet 1800	# of Floors 2	Bldg. Age 85
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-3-15 Month Day Year	Sched. Completion Date (11) 8-4-15 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	50 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 8-5-15	City, State Waynesburg, OH		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>	Date 7-24-15		

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

Check # 7895

Date of Notification (1) 7/24/15		Name of Building Owner/Operator (2) NJ DOT	
Agencies Notified	Type of Notification	Street Address 1035 Parkway Ave.	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Trenton, NJ 08625-0600	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Anthony Pellegrino	
<input checked="" type="checkbox"/> DOL	<input checked="" 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) NJ DOT Maintenance Yard			Type of Facility (4) <input 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 92 Springer Road			Square Feet 5000	# of Floors 1	Bldg. Age ~55
City (5) Bridgeport	County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices		
Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc.		ASCM No. 000	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 120 N. Warren St.		Street Address 323 Changebridge Road, Suite 100			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 7/27/15	Sched. Completion Date (11) 8/10/15		Name of OSHA Monitor J & S Environmental Laboratories, 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: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

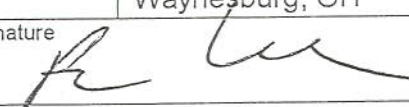
Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Main Building offices, locker room		x		VAT and window glazing	1300 SF	x			
Mechanical room	x			Trinsite panels	150 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill
City, State Pine Brook, NJ		Disposal Date 8/14/15	City, State Waynesburg, OH
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 7/24/15

JUL 23 2015

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)

Check # 7895

Date of Notification (1) 7/24/15		Name of Building Owner/Operator (2) NJ DOT	
Agencies Notified () EPA () DEP (X) DOL (X) DOH () DCA	Type of Notification () Initial Notification () Amended Notification (X) emergency () Cancellation	Street Address 1035 Parkway Ave.	
	City, State, Zip Code Trenton, NJ 08625-0600		
	Name of Contact Anthony Pellegrino		
	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJ DOT Maintenance Yard			Type of Facility (4) () School (K-12) () Subchapter B (Other than K-12) () Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 92 Springer Road			Square Feet 5000	# of Floors 1	Bldg. Age ~55
City (5) Bridgeport	County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices		
Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc.		ASCM No. 000	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 120 N. Warren St.		Street Address 323 Changebridge Road, Suite 100			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Dominick Dencole		Telephone Number 609-392-4200	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 7/27/15		Sched. Completion Date (11) 8/10/15			
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: (X) Other - Describe: <u>partially vacant</u>			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

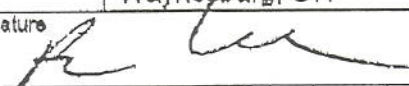
Scope of Work (Check all that apply)

- () Demolition
() ≥ 3 sf or ≥ 3 lf
(X) ≥ 150 sf or ≥ 250 lf

() Renovation

- () Full Containment with Negative Pressure
() Mink - Enclosure
() Glovebag Procedure
(X) Non - Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Main Building offices, locker room		X		VAT and window glazing	1300 SF	X			
Mechanical room	X			Trinlite panels	150 SF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Pine Brook, NJ		Disposal Date 8/14/15	City, State Waynesburg, OH		
Completed By (Print or Type) Pam Reple		Title General Manager	Signature 		Date 7/24/15

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

Date of Notification (1) 7-24-15		Name of Building Owner/Operator (2) Kushner Properties	
Agencies Notified	Type Notification	Street Address 50 & 52 Broad Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Perth Amboy, NJ, 08861	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kushner Properties	
<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) Same as above			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			Square Feet 1400		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age 65	
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-6-15	Sched. Completion Date (11) 8-30-15	Name of OSHA Monitor N/A		
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	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 House			<input checked="" type="checkbox"/>	Asbestos transite siding	3000 sf	<input checked="" type="checkbox"/>			

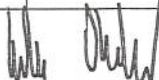
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 3.0	Name of Registered Landfill Minerva Enterprises	
City, State Montclair, NJ 07042		Disposal Date 9-1-15		City, State Waynesburg, OH 44688	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>		Date 7-24-15	

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

Date of Notification (1) 7/10/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		<i>JUL 23 2015</i>					
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 checked="" type="checkbox"/> Amended #1-7/23/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 301 Philadelphia Avenue City, State & Zip Code Egg Harbor City New Jersey Name of Contact ALEX BAYLOR							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Egg Harbor City Central Office			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 301 Philadelphia Avenue			Square Feet 6400	# of Floors 1	Bldg. Age 75				
City (5) Egg Harbor City	County (6) Atlantic	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:00 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	12 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jpb</i>		Date 7/10/15				

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

Date of Notification (1) 07 / 23 / 15			Name of Building Owner/Operator (2) Rancocas Valley Regional High School			JUL 23 2015			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Jacksonville Road			City, State, Zip Code Mount Holly, NJ 08060		
				Name of Contact Mr. John Gauntt		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional High School						Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 520 Jacksonville Road									
City (5) Mount Holly, NJ 08060						Square Feet 90,000 SF	# of Floors 2	Bldg. Age 40+	
County (6) Burlington			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) High School				
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental			ASCM No. 0027		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.				
Street Address 307 N. Wanut Street			Street Address 494 E. 41 Street						
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Paterson, NJ 07504						
Project Manager for Monitoring Firm Paul F. McCaa			Telephone No. 610-4317545		Telephone No. 973-345-0022		License No. 00507		
Start Date (10) 07 / 20 / 15		Scheduled Completion Date (11) 07 / 28 / 15		Name of OSHA Monitor East Coast Haz Mat Removal, 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 Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / ____ PM- ____ AM				Street Address 494 E. 41 Street					
				City, State, Zip Code Paterson, NJ 07504					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms - C200/2/3/4/5/6/7/8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tiles - 2'x4'	6,811 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	6,811 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI on Elbows	12 (Each)	<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 Freehold Cartage			NJDEP Waste Hauler ID No. 13206		Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.			
City, State Freehold, NJ 07728			Disposal Date 07-31-2015		City, State Morrisville, PA 12506				
Completed By (Print or Type) Leslie Olszewski		Title Project Manager		Signature 			Date 07-23-15		

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

Date of Notification (1) <div style="text-align: center;">07 / 16 / 15</div>		Name of Building Owner/Operator (2) Western Monmouth Utility Authority		JUL 20 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 50 Greenwood Avenue City, State, Zip Code 07746 Name of Contact David Beesley					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pump Station				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 50 Greenwood Avenue									
City (5) Morlboro				Square Feet 400	# of Floors 1				
				Bldg. Age 45					
County (6) Monmouth		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 50 Greenwood Road		Street Address 47 Foster Road							
City, State, Zip Code Marlboro, NJ 07746		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm David Beesley		Telephone No. (973) 445-4520		Telephone No. 718-605-6256	License No. 00774				
Start Date (10) <div style="text-align: center;">07 / 27 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 25 / 16</div>		Name of OSHA Monitor Testor Tech					
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 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	300SF	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 5	Name of Registered Landfill IESI				
City, State Newark, NJ		Disposal Date 07/31/2015		City, State Bethlehem, PA					
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager		Signature <i>Ignatius Marraccino</i>		Date 7-23-15			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">07 / 16 / 15</div>		Name of Building Owner/Operator (2) Western Monmouth Utility Authority							
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 50 Greenwood Avenue							
		City, State, Zip Code 07746							
		Name of Contact David Beesley	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pump Station		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 50 Greenwood Avenue									
City (5) Morlboro		Square Feet 400	# of Floors 1						
County (6) Monmouth		County Code (7)(STATE USE ONLY)	Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 50 Greenwood Road		Street Address 47 Foster Road							
City, State, Zip Code Marlboro, NJ 07746		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm David Beesley		Telephone No. (973) 445-4520	Telephone No. 718-605-6256						
Start Date (10) <div style="text-align: center;">07 / 27 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 25 / 16</div>	License No. 00774						
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-5PM/_____PM-5AM		Name of OSHA Monitor Testor Tech							
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		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥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							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	300SF	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 5	Name of Registered Landfill IESI				
City, State Newark, NJ		Disposal Date 07/31/2015		City, State Bethlehem, PA					
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager		Signature <i>Ignatius Marraccino</i>			Date 7-16-15		

NOCK 7-23-15

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

Date of Notification (1) 4-28-15 6-30-15		Name of Building Owner/Operator (2) Eastman Companies	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	163 Weston Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL		Franklin, NJ, 08873	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY	Eastman Companies	
	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1400	# of Floors	Bldg. Age 65
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address		
			86 Christopher St.		
City, State, Zip Code			City, State, Zip Code		
			Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
8/3/15		N/A	(973) 744-8800		00371
Scheduled Start Date (10) 5-14-15 7/15/15		Sched. Completion Date (11) 8/17/15 8/11/15	Name of OSHA Monitor		
Month Day Year		Month Day Year	N/A		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»			City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
Basement			X	VAT floor tiles	300 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5-25-15 7-20-15		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature C Vivian		Date 4-28-15 6-30-15	

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

NOCK
7-23-15 7-15-15

Date of Notification (1)
6-25-15 **7-8-15**

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

Type Notification
☒ Initial Notification
☒ Amended Notification
☐ EMERGENCY
☐ Cancellation

Name of Building Owner/Operator (2)
Beth Medrash Govoha

Street Address
617 Sixth Street

City, State, Zip Code
Lakewood, NJ, 08701

Name of Contact
Beth Medrash Govoha

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Former Beth Medrash Govoha

Street Address
901 Madison Avenue

City (5)
Lakewood

County (6) Essex
Ocean

County Code (7)
(STATE USE ONLY)

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

Square Feet
80,000

of Floors
4

Bldg. Age
70

Current Use (Prior if being demolished)
school

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

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm
7-23-15

Telephone Number
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
7-10-15

Sched. Completion Date (11)
8-29-15

Month Day Year Month Day Year

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			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	ENCLOSURE	ENCLOSURE
Exterior Facade			X	Masonry Coating	28,000 sf	X			
1 st Fl. Storage & Lunch Room			X	Floor Tile & Mastic	800 sf	X			
Basement, 1, 2, 3 & 4 Floors			X	Sheet Rock Joint Compound Plaster	75,000 sf	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
4,500

Name of Registered Landfill
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date
7/13/15

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

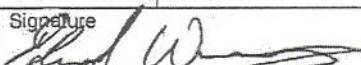
Signature

Date
6/25/15

OK 305729

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

RECEIVED
2015 JUL 28 AM 10:45
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/27/2015		Name of Building Owner/Operator (2) Express Container Corp							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 2090 City, State, Zip Code Trenton, NJ 08602-0209 Name of Contact Coleman King, CHMM						
			Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Express Container Corp		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 105 Avenue L, a.k.a. 183-205 Avenue L		Square Feet 250	# of Floors 1						
City (5) Newark, NJ 07105		Bldg. Age 70							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS US		ASCM No.	Name of Abatement Contractor (9) Abscope Environmental, Inc						
Street Address 6723 Tow Path Road, Box 66		Street Address 6625 Selnick Drive, Suite B							
City, State, Zip Code Syracuse, NY 13214		City, State, Zip Code Elkridge, MD 21075							
Project Manager for Monitoring Firm Coleman P. King, CHMM		Telephone No. 732-570-7012	Telephone No. 410-796-7200						
		License No. 01194							
Start Date (10) 8/11/2015	Scheduled Completion Date (11) 8/11/2015	Name of OSHA Monitor EMSL Analytical, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof			x	Built Up Roofing	200sq	x			
Window			x	Window Caulk	75lf	x			
Name of Registered Waste Hauler Services Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720			Disposal Date As needed	City, State Waynesboro, OH					
Completed by Eddie Waskiewicz		Title Project Manager	Signature 	Date 7/27/15					

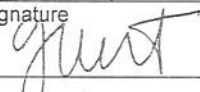
OK 2270

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

Date of Notification (1) 07 / 27 / 15		Name of Building Owner/Operator (2) Community Health Systems							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <i>ASBESTOS</i> <input type="checkbox"/> Cancellation		Street Address 310 Woodstown Road City, State, Zip Code Salem, NJ 08079 Name of Contact Jack Jenkins						
			Telephone Number 609-266-0000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Salem Memorial Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 310 Woodstown Road		Square Feet 100,000	# of Floors 4						
City (5) Salem		Bldg. Age 30+							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Quad Three Group, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 72 Glenmaura National Boulevard		Street Address 102 Technology Lane							
City, State, Zip Code Moosic, PA 18510		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Jack Jenkins		Telephone No. 570-342-5200	License No. 01121						
Start Date (10) 7 / 29 / 15	Scheduled Completion Date (11) 7 / 30 / 15	Name of OSHA Monitor Quad Three Group, 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 Facility Hours - Describe Time of Abatement: 7:00 AM- 5:30 PM / PM- AM		Street Address 72 Glenmaura National Boulevard							
		City, State, Zip Code Moosic, PA 18510							
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 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
Bariatric Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grows North Landfill					
City, State Camden, New Jersey			Disposal Date 7/15	City, State Morrisville, PA					
Completed By (Print or Type) Jessica Wolfe	Title Administrative Support		Signature <i>J Wolfe</i>	Date 7/27/15					

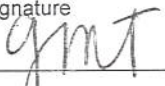
NO CK

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

Date of Notification (1) <u>7</u> / <u>20</u> / <u>15</u>		Name of Building Owner/Operator (2) Township of Union Public Schools / Job #1505-4914 Check #7304							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 165 Perryville Rd.							
		City, State, Zip Code Union, NJ 07083							
		Name of Contact Administration	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union Township MS		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 165 Perryville Rd.									
City (5) Hampton		Square Feet	# of Floors						
			Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No. 00099	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 619 River Drive Center		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	Telephone No. 609-265-2107						
			License No. 00529						
Start Date (10) <u>7</u> / <u>16</u> / <u>15</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>15</u>	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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See attached	See attached	<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 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/29/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 7/20/15		

OK 7420

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

Date of Notification (1) 7 / 24 / 15		Name of Building Owner/Operator (2) Georgian Court University/ Job #1507-4934 Check #7420							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Lakewood Avenue						
			City, State, Zip Code Lakewood, NJ 08701						
			Name of Contact Michael Voris		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Georgian Court University				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 900 Lakewood Avenue				Square Feet	# of Floors 2				
City (5) Lakewood				Bldg. Age 100+					
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) University					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 515 Grove Street, Suite 1B		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 856-547-9174		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 8 / 10 / 15		Scheduled Completion Date (11) 9 / 4 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input 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) 10'x5'x10'	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation from 2 Boilers		<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 18	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 9/4/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 7/24/15			

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

Date of Notification (1) 7 / 23 / 15		Name of Building Owner/Operator (2) NJ SDA / Job #1506-4917 Check #7419							
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 32 E. Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Administration							
		Telephone Number 609 844 1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland HS South		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 2880 East Chestnut Ave.									
City (5) Vineland		Square Feet	# of Floors						
		Bldg. Age							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 515 Grove Street Suite 1B		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 7 / 6 / 15	Scheduled Completion Date (11) 8 / 31 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Throughout School	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	3,343 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Fire Box	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	6 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/31/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 7/23/15		

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

92 00 6072

2015 JUL 28 AM 10:35

Date of Notification (1) 07/15/15		Name of Building Owner/Operator (2) DAVID HALPERT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 221 KINGSLAND TERRACE		City, State, Zip Code SO. ORANGE, NJ 07079	
Name of Contact DAVID HALPERT		Telephone Number ---	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID HALPERT			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 221 KINGSLAND TERRACE			Square Feet # of Floors Bldg. Age		
City (5) SO. ORANGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/23/15		Sched. Completion Date (11) 07/31/15	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		


Scope of Work (check all that apply)

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

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

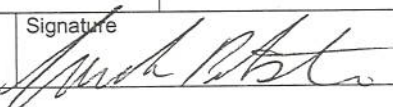
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER RM		X		PIPE INSULATION	24 l ft	X			
BASEMENT FAMILY RM		X		PIPE INSULATION	44 L FT	X			
BASEMENT STORAGE RM		X		PIPE INSULATION	14 L FT	X			
BASEMENT RM BY STAIR		X		PIPE INSULATION	6 l ft	X			
BASEMENT CHIMNEY		X		chimney thimble packing	4 SQ FT	X			
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 07/24/15		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 07/21/15			

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

Date of Notification (1) 7 / 21 / 15		Name of Building Owner/Operator (2) EVP LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 61 Sunnyhill Road							
		City, State, Zip Code Dover, NJ 07801							
		Name of Contact Vipul Patel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Skytop Motel		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 456 US-46									
City (5) Dover, NJ 07801		Square Feet 15,000	# of Floors 1						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Motel						
Name of Monitoring Firm Hired by Building Owner (8) The Resident Engineering Inspection, Inc.		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 18 Kathy Street		Street Address 550 East Union St.							
City, State, Zip Code Kendall Park, NJ 08824		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Badar Usmani		Telephone No. 732-422-7228	License No. 00508						
Start Date (10) 7 / 13 / 15	Scheduled Completion Date (11) 8 / 7 / 15	Name of OSHA Monitor AET							
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: 7AM-3:30PM - 7AM		Street Address 28 N. Pennel Road							
		City, State, Zip Code Media, PA 19063							
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 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
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	8000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC Unit Caulk	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	776 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	2719 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Allstate Power Vac		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 90	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Rahway, NJ			Disposal Date TBD	City, State Minerva, OH					
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature 			Date 7-21-15			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility				Description of Asbestos-Containing Material (ACM)	Amount to be Abated (lb or yd ³)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Ceiling	600 lb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	10 lb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	500 lb	<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"/>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

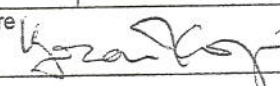
Date of Notification (1) 07 / 23 / 15		Name of Building Owner/Operator (2) Saint Francis Health Resort (Page 1 of 2 see page 2 for add. materials)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input 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 122 Diamond Spring Road							
		City, State, Zip Code Denville, NJ 07834							
		Name of Contact Christopher McIvor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Francis Health Resort		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 122 Diamond Spring Road		Square Feet 50000	# of Floors 1						
City (5) Denville		Bldg. Age 1940							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Retirement Apartments							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 655 West Shore Trail,		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Bill Kerbel	Telephone No. (973)610-2634	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 08 / 03 / 15	Scheduled Completion Date (11) 08 / 12 / 15	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartments East End Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall & Ceiling Plaster	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Kichenette-West End Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Kichenette-West End Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Formica Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Rom Apt 37- North Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	40 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 8/12/15		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski	Title President		Signature 			Date 7/23/15			

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

Date of Notification (1) <div style="text-align: center;">07 / 23 / 15</div>			Name of Building Owner/Operator (2) Saint Francis Health Resort (Page 2 of 2)						
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 City, State, Zip Code Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)				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									
City (5)				Square Feet	# of Floors Bldg. Age				
County (6)		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)					
Street Address				Street Address					
City, State, Zip Code				City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No.				
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____		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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 Restrooms-North Wing (Rm37)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed By (Print or Type)		Title		Signature		Date			

PK 3453

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

Date of Notification (1) 07/23/15		Name of Building Owner/Operator (2) Newton Board of Education							
Agencies Notified	Type Notification	Street Address 57 Trinity Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860							
		Name of Contact Donna Snyder	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Halsted Street School		Type of Facility (4)							
Street Address 59 Halsted Street		<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) Newton	Square Feet 50000	# of Floors 4	Bldg. Age 70						
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) R.K. Occupational & Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Avenue		Street Address 265 Route 46 Ste. 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Patrick McGuinness		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
			License No. 00666						
Start Date (10) 08/11/15	Scheduled Completion Date (11) 08/15/15	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 265 Route 46 Ste. 3D							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Large Heat Exchanger Insulation	65 SF	x			
Boiler Room	x			Pipe Insulation	20 LF	x			
Boiler Room	x			Pipe Fitting Insulation	70 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Goran Kojic		Title Project Manager		Signature 		Date 07/23/15			

NOCK

Print Form

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

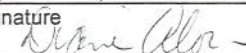
Check K1106
2015 JUL 28 AM 7:37
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/22/15 & 7/24/15		Name of Building Owner/Operator (2) Delbarton School							
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 230 Mendham Road		City, State, Zip Code Morristown, NJ 07960							
Name of Contact M Rimpel		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abbey Complex & Old Main Building		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 230 Mendham Road		Square Feet							
City (5) Morristown		# of Floors							
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) 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							
Start Date (10) 8/12/15		License No. 703							
Scheduled Completion Date (11) 2/1/16		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Abbey Complex Old Pump Room			x	pipe insulation	4 LF		x		
Basement, Rooms 301, 304, 305, 306			x	wall plaster	270 SF		x		
Attic			x	wall & ceiling plaster	500 SF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by A. Scott Higgins		Title President/Owner		Signature		Date 7/24/15			

NO CK

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

Check # 9935

Date of Notification (1) July 24, 2015 July 9, 2015		Name of Building Owner / Operator (2) MCP 8 King Road LLC	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address East Building - 8 King Road		Square Feet 200,000	# of Floors 2
City (5) Rockleigh		Bldg. Age 70	
County (6) Bergen		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Alex Hernandez		Telephone Number 908-526-1000	License Number 00817
Scheduled Start Date (10) July 20, 2015	Scheduled Completion Date (11) August 30, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
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 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)	Abatement Type
	Yes No N/A		Amount (Specify SF or LF)
Construction Area - 1 st Floor		X	Cove Base Mastic 20 SF
Construction Area - Lavatories		X	Pipe Fitting Insulation 10 LF
Boiler Room		X	Boiler Door Insulation 8 SF
MER 5		X	Transite Panels 650 SF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 15	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date September 1, 2015	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date July 24, 2015 July 9, 2015

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

NO CK

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

Check # 7777

Date of Notification (1) 7/25/15		Name of Building Owner/Operator (2) Montclair State University	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification	Street Address One Normal Avenue	
	[] Initial Notification	City, State, Zip Code Upper Montclair, NJ 07043	
	[] Emergency Amended Notification #3	Name of Contact Amy Ferdinand	
	[] Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Life Hall, Montclair State University			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 80000		
City (5) Upper Montclair			# of Floors 2		
County (6) Essex			Bldg. Age ~ 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 3/30/15	Sched. Completion Date (11) 12/31/15		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [x] Other – Describe: partially vacant			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|------------------------|----------------|---|
| [] Demolition | [X] Renovation | [] Full Containment with Negative Pressure |
| [] ≥3 sf or ≥3 lf | | [x] Mini – Enclosure |
| [x] ≥160 sf or ≥260 lf | | [x] Glovebag Procedure |
| | | [x] 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 S U	E N C L O S U	E N C L O S U
Various areas – in phases		X		VAT	14000 SF	X			
Various Areas – in phases		X		TSI	1200 LF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 60	Name of Registered Landfill Minerva Landfill	
City, State Pine Brook, NJ		Disposal Date 4/30/15 +	City, State Waynesburg, OH		
Completed By (Print or Type) Panc Repic		Title General Manager	Signature 		Date 7/25/15

Note: Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via "wrap & cut" method and some 9000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other phases.

5/21/15, Amendment #1: Phase 2 has been scheduled, with a starting date of 5/26/15 and anticipated completion on/about 6/5/15. Some 700SF of VAT is scheduled for removal.

6/12/15, Amendment #2: Phase 3 has been scheduled, with a starting date of 6/17/15 and anticipated completion 6/22/15. Some 600 SF of VAT is scheduled for removal from office areas.

7/25/15, Amendment #3: Phase 4 has been scheduled, with a starting date of 8/3/15 and anticipated completion 8/10/15. Some 1300 SF of VAT is scheduled for removal from Room 053 and Second floor corridor at Stairs.

2015 JUL 28 AM 7:46
RECEIVED

NO CK

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

2015 JUL 28 AM 7:54

Date of Notification (1) 7/14/15		Name of Building Owner/Operator (2) MARS Chocolate, NA					
Agencies Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input checked="" type="checkbox"/> Cancellation	800 High Street City, State, Zip Code Hackettstown, NJ 07840					
		Name of Contact Jeff Quisenberry	Telephone Number 609-600-1000				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MARS Chocolate, NA		Type of Facility (4)					
Street Address 800 High St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hackettstown, NJ		Square Feet 200,000	# of Floors 2				
County (6) Warren		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing / Offices				
Name of Monitoring Firm Hired by Building Owner (8) EHT		ASCM No.	Name of Abatement Contractor (9) JW Heritage Const. Serv. Inc.				
Street Address 655 West Shore Trail		Street Address PO BOX 372					
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code Hackettstown, NJ 078					
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	Telephone No. 608-457-3355				
Start Date (10) 7/27/15		Scheduled Completion Date (11) 7/29/15	License No. 00768				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHT					
<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: Regular Hours		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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Abatement only					
		<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
Depositing Mezzanine	X		TST	9LF	<input checked="" type="checkbox"/>		
				1259 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Future Disposal by owner		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
City, State		Disposal Date	City, State				
Completed by John J. Washam Jr.	Title President	Signature John J. Washam Jr.	Date 7/14/15				

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

OK 5719

Date of Notification (1) 7-24-15		Name of Building Owner/Operator (2) Jo HALKA				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 FIRST STREET				
		City, State, Zip Code MAHWAH, NJ 07430				
		Name of Contact Jo HALKA				
		Telephone Number 606 3.1				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Jo HALKA		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 15 FIRST STREET		Square Feet 2000	# of Floors 2			
City (5) MAHWAH		Bldg. Age 83 yrs				
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 8-4-15		Scheduled Completion Date (11) 8-5-15				
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 <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Name of OSHA Monitor Omega Environmental				
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
Boiler Room/CLOSET	X	THERMAL INSULATION	50 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 8-5-15	City, State Waynesburg, Oh, 44688			
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 7-24-15			

ASB-41

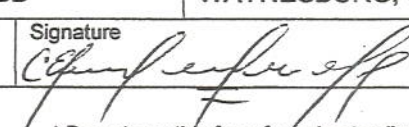
* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 07/16/2015		Name of Building Owner/Operator (2) BARBARA PARK	
Agencies Notified	Type Notification	Street Address 26 LOWELL TERRACE	
<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 BLOOMFIELD NJ. 07003	
		Name of Contact MATT ABRAHAMSON	Telephone Number 201 708 4270

2015 JUL 28 AM 7:38

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 26 LOWELL TERRACE		Square Feet 2,000	# of Floors 2
City (5) BLOOMFIELD NJ. 07003		Bldg. Age 85 Y	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) SHARON QUALIT CONSTRUCTION LLC
Street Address		Street Address 22 VAN ORDEN PL.	
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601	
Project Manager for Monitoring Firm N/A		Telephone No. 2017084270	License No. 01135
Start Date (10) 07/21/15	Scheduled Completion Date (11) 07/23/15	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 2333 RT 22 W. City, State, Zip Code UNION NJ. 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT FLOOR TILE 9x9	725 SF.	X			
BASEMENT		X		PIPE INSULATION	12 LF.	X			

Name of Registered Waste Hauler TRI STATE. ASSOC INC		NJDEP Waste Hauler ID No. 1991	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 07/16/15	

PK 025236

Print Form

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

Date of Notification (1) 07/23/15		Name of Building Owner/Operator (2) Como Textile Prints Inc. c/o 191 Railway, LLC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	P.O. Box 288							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Franklin Lakes, NJ 07417							
		Name of Contact Mr. Michael Blanchfield	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Como Textile Prints, Inc.		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 191 East Railway Avenue		Square Feet 40,000 +	# of Floors 2						
City (5) Paterson		Bldg. Age 50 +							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 08/03/15	Scheduled Completion Date (11) 09/25/15	Name of OSHA Monitor EnviroVision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg. #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Through-Out Building			X	VAT	3,925 SF	X			
Roof			X	Multi Layered Roof Flashing	8,533 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc. 		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen-Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature 			Date 07/23/15			

CK 1963908500

State of New Jersey


NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

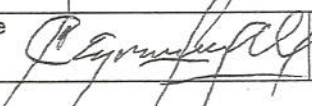
2015 JUL 28 AM 7:41

ASBESTOS CONTROL
& REMEDIATION

Date of Notification (1): 07/22/2015		Name of Building Owner/Operator (2) Argelyn Tecson						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 221 Mallory Avenue						
		City, State, Zip Code: Jersey City, NJ 07304						
		Name of Contact: Argelyn Tecson		Telephone Number:				
FACILITY INFORMATION								
Name of Facility Argelyn Tecson			Type of Facility (4): <input 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.)					
221 Mallory Avenue			Square Feet: _____ # of Floors: _____					
City/ (5) Jersey City	County (6): Hudson	County Code (7): 07304	Bldg. Age Current Use :					
Name of Monitoring Firm Hired by Building Owner: Apex Development, Inc.		ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 658 Rutgers Place			Street Address: 658 Rutgers Place					
City, State, Zip Code: Paramus, NJ 07652			City, State, Zip Code: Paramus, NJ 07652					
Project Manager for Monitoring Firm:		Telephone No.: 973-350-0101	Telephone No.: (973) 350-0101	License No.: 01215				
Start Date (10): 07/25/15	Scheduled Completion Date (11): 07/26/15		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203					
			City, State, Zip Code: New York, New York, 10018					
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Encapsulat
BASEMENT		X	PIPE INSULATION	2 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 07/22/2015		

CK 1024

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

Date of Notification (1) 07/23/2015		Name of Building Owner/Operator (2) KEVIN & KRISTING KELLY.							
Agencies Notified	Type Notification	Street Address 83 PORTLAND RD.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MIDDLETOWN NJ. 07748							
		Name of Contact KEVIN & KRISTING KELLY.	Telephone Number 201-708-4270						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 83 PORTLAND RD.		Square Feet 2,000	# of Floors 2						
City (5) MIDDLETOWN NJ. 07748		Bldg. Age 83							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201-708-4270	License No. 011135						
Start Date (10) 08/01/2015	Scheduled Completion Date (11) 08/01/2015	Name of OSHA Monitor ENVIRO - PROBE 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 108 LIBERTY STREET							
		City, State, Zip Code METUCHEN, NEW JERSEY 08840							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		SHINGLES SIDING	500 SF.	X			
Name of Registered Waste Hauler TRI - STATE - ASSOC		NJDEP Waste Hauler ID No. 1991	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State 1199 RANDAL AVE BRONX NY			Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 07/23/2015					

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

CA 4988

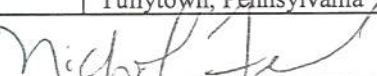
Date of Notification (1) 7/24/15		Name of Building Owner/Operator (2) Woodbury City Public Schools							
Agencies Notified	Type Notification	Street Address 25 North Broad Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbury NJ 08096							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Chuck	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Evergreen Avenue Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 160 North Evergreen Av.		Square Feet 1000+	# of Floors 1						
City (5) Woodbury NJ 08096		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.	ASCM No. 00073	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 316		Street Address PO Box 329							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Steven Flanigan	Telephone No. 856-848-0800	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/31/15	Scheduled Completion Date (11) 8/2/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: After 3:30 Pm through the weekend		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 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
Room C-D area		x		pipe Insulation	14 LF	x			
Hall outside Room C-D		x		pipe Insulation	14 LF	x			
Hall outside Room 3		x		pipe Insulation	14 LF	x			
Hall outside Room A		x		pipe Insulation	13 LF	x			
Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 8/3/15	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature				Date 7/24/15		

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;">7/24/2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Four Star Developers</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1301 Route 33 #3E	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Neptune, NJ 07753</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Mr. Green	777

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">46 West Highland Avenue</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Atlantic Highlands</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Monmouth</div>		
County Code (7) (STATE USE ONLY)		Square feet <div style="text-align: center;">2000 sf</div>		# of Floors <div style="text-align: center;">2</div>	Bldg. Age <div style="text-align: center;">80</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>	
Scheduled Start Date (10) <div style="text-align: center;">7/27/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/29/15</div>		License Number <div style="text-align: center;">00624</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 _____			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
			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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2000 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;">7/30/15</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;">7/24/2015</div>		

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

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

Check # 9986

Date of Notification (1) July 24, 2015		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	10 Juliustown Road City, State & Zip Code Browns Mills, NJ 08015	
		Name of Contact Jim Kalafsky	Telephone Number 908-

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 10 Juliustown Road		Square Feet 4,000	# of Floors 1
City (5) Browns Mills		Bldg. Age 60	
County (6) Burlington		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 413 North Black Horse Pike		Street Address 829 Radio Road	
City, State & Zip Code Runnemede, NJ 08078		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) August 4, 2015	Scheduled Completion Date (11) September 8, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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 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
Exterior Doors			X	Perimeter Caulk	40 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date September 9, 2015	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date July 24, 2015

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

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

Check # 9988

Date of Notification (1) July 24, 2015		Name of Building Owner / Operator (2) Bank of America	
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"/> Cancellation	Street Address 604 West Union Avenue	
		City, State & Zip Code Bound Brook, NJ 08805	
		Name of Contact Jim Kalafsky	
		Telephone Number _____	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 604 West Union Avenue		Square Feet 3,600	# of Floors 1
City (5) Bound Brook		Bldg. Age 55	
County (6) Somerset		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address 413 North Black Horse Pike		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Runnemede, NJ 08078		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 856-482-1311		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) August 3, 2015	Scheduled Completion Date (11) September 8, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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 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
Main Banking Area - Closet			X	Floor Tile and Mastic	4 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date September 9, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date July 24, 2015	

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

CK 006069

State of NJ

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

D&S Proj. #: 2015-254

Date of Notification (1) 07/17/15		Name of Building Owner/Operator (2) gary voorhees	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	14 north main street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	marlboro, nj 07746	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	gary voorhees	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) gary voorhees			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
14 north main street			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) marlboro			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6) MONMOUTH			Square Feet		
County Code (7) (State use only)			# of Floors		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age		
Street Address			Current Use (Prior if being demolished)		
City, State, Zip Code			Name of Abatement Contractor (9)		
Project Manager for Monitoring Firm			D & S RESTORATION, INC.		
Phone Number			Street Address		
Start Date (10)			20 California Ave.		
Sched. Completion Date (11)			City, State, Zip Code		
07/27/15			Paterson, NJ 07503		
Occupancy Status During Abatement (Check only one)			Telephone Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			973-345-8020		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			License Number		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			01169		
Scope of Work (check all that apply)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> >3 sf or >3 lf			D & S Restoration, Inc.		
<input type="checkbox"/> ≥160 sf or ≥260 lf			Street Address		
<input checked="" type="checkbox"/> Renovation			20 California Avenue		
<input type="checkbox"/> Demolition			City, State, Zip Code		
Location of asbestos-containing material (acm) to be abated in facility (13)			Paterson, NJ 07503		

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	33 l ft	X			
Registered Waste Hauler			NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill			
D & S RESTORATION, INC.			13506	1 yd.	TULLYTOWN, RESOURCE RECOVERY			
City, State			Disposal Date	City, State				
PATERSON, NJ 07503			07/28/15	TULLYTOWN, PA				
Completed by (Print or Type)			Title	Signature		Date		
BOGDAN JOLDZIC			PRESIDENT			07/17/2015		

CK 004070

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

D&S Proj. #: 2015-255

2015 JUN 28 AM 7:48
ASAC

Date of Notification (1) 017/1210/15		Name of Building Owner/Operator (2) VALERIE BURAK	
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 117 LLEWELLY ROAD City, State, Zip Code MONTCLAIR, NJ 07042 Name of Contact VALERIE BURAK Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) VALERIE BURAK Street Address 117 LLEWELLY ROAD City (5) MONTCLAIR County (6) ESSEX County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/03/15 Sched. Completion Date (11) 08/28/15 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		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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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 BOILER RM		<input checked="" type="checkbox"/>		PIPE INSULATION	76 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement bathroom		<input checked="" type="checkbox"/>		PIPE INSULATION	8 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement storage rm		<input checked="" type="checkbox"/>		PIPE INSULATION	39 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	30 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 08/04/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/20/ 2015

FACILITY INFORMATION

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

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/06/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/20/ 2015

D&S Proj. #: 2015-253

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

Date of Notification (1) 10/17/17/15		Name of Building Owner/Operator (2) linda debenedetto	
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 398 howe avenue	
		City, State, Zip Code PASSAIC, NJ 07055	
		Name of Contact linda debenedetto	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) linda debenedetto			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 398 howe avenue			Square Feet # of Floors Bldg. Age		
City (5) PASSAIC	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/03/15	Sched. Completion Date (11) 08/28/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	84 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION-bricks	55 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/04/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 07/17/2015

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

CK 006102

Date of Notification (1) 10/17/12 10/15/15		Name of Building Owner/Operator (2) michael kemp	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 21 midland boulevard	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAPLEWOOD, NJ 07040	
		Name of Contact michael kemp	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) michael kemp			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 21 midland boulevard			Square Feet # of Floors Bldg. Age		
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/06/15		Sched. Completion Date (11) 08/26/15	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes No N/A			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	801 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 07/20/2015		

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

Check # **8799**

2015 JUL 23 AM 7:52
LICENSING

Date of Notification (1) 7/21/15		Name of Building Owner/Operator (2) JOSHUA EMONT							
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 25 FRANKLIN ST							
		City, State, Zip Code VERONA N.J 07044							
		Name of Contact JOSHUA EMONT	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 25 FRANKLIN ST.		Square Feet 1,450	# of Floors 2						
City (5) VERONA		Bldg. Age 750							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 8/05/15	Scheduled Completion Date (11) 8/30/15	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 500 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			✓	VAT		✓			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, N.J. 07105		Disposal Date 8/05/15		City, State Pen Argyl, PA 08072					
Completed by JOSEPH VOCATURO		Title VICE PRESIDENT		Signature <i>J. Vocaturo</i>		Date 7/21/15			

Jul 22 2015 10:37am

P001/001

NJ Dept of Health & Senior Services
(signature)
Date: 7/22/15 Time: 10:3

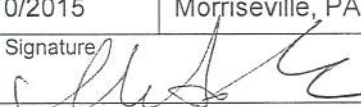
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8799

Date of Notification (1) <u>7/22/15</u>		Name of Building Owner/Operator (2) <u>BETH HAVERIM SHAR SHALOM</u>							
Agencies Notified	Type Notification	Street Address <u>280 RAMAPO VALLEY ROAD</u>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>MAHWAH NJ 07430</u>							
		Name of Contact <u>PETER JEWETT</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>HOUSE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>280 RAMAPO VALLEY ROAD</u>		Square Feet <u>2800</u>	# of Floors <u>2</u>						
City (5) <u>MAHWAH</u>		Bldg. Age <u>60</u>							
County (6) <u>BERGEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RES. / DEMO</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
Street Address		Street Address <u>185 Vreeland Ave.</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, N.J.</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>7/22/15</u>	Scheduled Completion Date (11) <u>7/24/15</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>							
		City, State, Zip Code <u>Hackensack, N.J. 07606</u>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>OUTSIDE</u>			<u>X</u>	<u>SHINGLES</u>	<u>1200 SF</u>	<u>X</u>			
<u>1 ROOM</u>			<u>X</u>	<u>TILE</u>	<u>144 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>					
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>7/22/15 on</u>		City, State <u>Pen Argyl, PA 08072</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R. McDonald</u>		Date <u>7/22/15</u>			


CK 3437

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

Date of Notification (1) 07/16/2015		Name of Building Owner/Operator (2) PASCACK VALLEY High School District							
Agencies Notified	Type Notification	Street Address 46 Akers Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, New Jersey 07645							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Brenda Kirk	Telephone Number 201-261-1005						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PASCACK VALLEY 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 & commercial buildings, homes, etc.)							
Street Address 200 Piermont Avenue		Square Feet 90,000	# of Floors 2						
City (5) Hillsdale		Bldg. Age 30 years							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public High School							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES, Inc.		ASCM No. 0117	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 365		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856 - 452 - 1311	Telephone No. 973-339-9735						
License No. 01034									
Start Date (10) 08/03/2015	Scheduled Completion Date (11) 08/12/2015	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied building for the Sheetrock Compound Portion</u>		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Main Gym		X		Sheetrock Compound	800 SF	x		x	
Main Gym, Middle Gym Hall		X		Pipe fittings	16 LF	x		x	x
Back Gym, Weight Room		X		Floor Tile and Mastic	39 LF	x		x	x
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ			Disposal Date 08/10/2015	City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager	Signature 	Date 07/16/2015					


15053

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

Date of Notification (1) 7 / 22 / 15			Name of Building Owner/Operator (2) EVP LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 61 Sunnyhill Road City, State, Zip Code Dover, NJ 07801 Name of Contact Vipul Patel Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Skytop Motel				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 456 US-46				Square Feet 15,000 # of Floors 1 Bldg. Age 59					
City (5) Dover, NJ 07801		County (6) Morris		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Motel					
Name of Monitoring Firm Hired by Building Owner (8) The Resident Engineering Inspection, Inc.		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 18 Kathy Street		Street Address 550 East Union St.							
City, State, Zip Code Kendall Park, NJ 08824		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Badar Usmani		Telephone No. 732-422-7228		Telephone No. 610-701-9000 License No. 00508					
Start Date (10) 7 / 13 / 15		Scheduled Completion Date (11) 8 / 7 / 15		Name of OSHA Monitor AET					
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: 7AM-3:30PM-AM				Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	8000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC Unit Caulk	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	776 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	2719 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Allstate Power Vac		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 90	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Rahway, NJ		Disposal Date TBD		City, State Minerva, OH					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 7-22-15			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Ceiling	68 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	532 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cove Base Mastic	4600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">7 / 22 / 15</div>		Name of Building Owner/Operator (2) ExxonMobil Research and Engineering							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-3)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Billingsport Rd.							
		City, State, Zip Code Paulsboro, NJ 08066							
		Name of Contact Emil Szymczak	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building #3		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 600 Billingsport Rd.		Square Feet 125,000	# of Floors 2						
City (5) Paulsboro, NJ 08066		Bldg. Age 40+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Research							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 34 E. Germantown Pike #204		Street Address 550 East Union St.							
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	License No. 00508						
Start Date (10) <div style="text-align: center;">8 / 5 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 7 / 15</div>	Name of OSHA Monitor EMI							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/ 3:30PM- AM		Street Address 34 E. Germantown Pike							
		City, State, Zip Code E. Norriton, PA 19401							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <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
Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Fume Hood	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gasket	1 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 Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Gloucester County					
City, State Paulsboro, NJ		Disposal Date TBD		City, State Swedesboro, NJ					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 7-22-15		

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

Date of Notification (1) 7-22-15		Name of Building Owner/Operator (2) Exxon Mobil Fuels and Lubricants					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Avenue J City, State, Zip Code Bayonne, NJ 07002 Name of Contact Jamila Chillemi					
		Telephone Number 781-211-1113					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Former Bayonne Lubricating mfg. Plant		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 1 Avenue J		Square Feet N/A	# of Floors N/A				
City (5) Bayonne		Bldg. Age N/A					
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Asset Inspection Technologies		Name of Abatement Contractor (9) Terra Contracting Services, LLC.					
Street Address 123 N. Tea Road PO Box 3015		Street Address 5787 Stadium Drive					
City, State, Zip Code South Hampton, NY 11969		City, State, Zip Code Kalamazoo MI 49009					
Project Manager for Monitoring Firm Rita Elham		Telephone No. 917-450-9217	License No. 01208				
Start Date (10) 8-10-15	Scheduled Completion Date (11) 8-11-15	Name of OSHA Monitor Analytical Testing & Consulting Services					
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 14625 Oostuk Road					
		City, State, Zip Code Plainfield, MI 49080					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Abate oil water separator	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation	Amount (Specify SF or LF) 100	Abatement Type		
	Yes	No			N/A	Removal	Repair
					<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler HAZMAT Environmental Group		NJDEP Waste Hauler ID No. 1665	Cubic Yards of Waste 60	Name of Registered Landfill High Acres Landfill			
City, State Buffalo NY		Disposal Date	City, State Fairport NY				
Completed by Gary Moore	Title Director of Abatement Services	Signature Gary A. Moore	Date 7-22-15				

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

CR # 2846

Date of Notification (1) <div style="text-align: center;">7 / 9 / 15</div>			Name of Building Owner/Operator (2) E.I. duPont de Nemours						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-7/24/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 250 Cheesequake Road City, State, Zip Code Parlin, NJ 08859 Name of Contact Nichol Reinhold Telephone Number 732-...					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 713				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 250 Cheesequake Road				City (5) Parlin					
County (6) Middlesex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Exterior					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) <div style="text-align: center;">8 / 3 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 5 / 15</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM -AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
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
Building 713 Exterior atrium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill GROWS Landfill			
City, State BRISTOL, PA		Disposal Date 4/22/2015		City, State Morrisville, PA 19067					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator		Signature <i>Patrick T. DeCaro</i>		Date 7/24/15			

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

CR# 2840

Date of Notification (1) <u>7</u> / <u>9</u> / <u>15</u>			Name of Building Owner/Operator (2) E.I. duPont de Nemours						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 7326 <input checked="" type="checkbox"/> DHSS 7319 <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 250 Cheesequake Road					
				City, State, Zip Code Parlin, NJ 08859					
		Name of Contact Nichol Reinhold		Telephone Number 732-284-0000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 713				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 250 Cheesequake Road									
City (5) Parlin				Square Feet	# of Floors				
				Bldg. Age					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 7 / 27 / 15		Scheduled Completion Date (11) 7 / 29 / 15		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- PM/3:30PM- AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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
Building 713 Exterior atrium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill				
City, State BRISTOL, PA				Disposal Date 4/22/2015	City, State Morrisville, PA 19067				
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator		Signature Patrick T. DeCaro		Date 7/9/15			

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

check# 2848

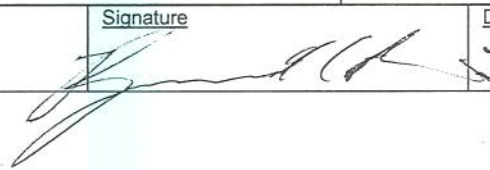
GAC Project # 060-15

Date of Notification (1) July 23, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
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 ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number 50
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LIFE SCIENCE CENTER, BLDG# 7245		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.) Sq. Feet: N/A # of Floors: N/A Bldg. Age: 60+ years	
Street Address 225 UNIVERSITY AVENUE, NEWARK CAMPUS		Current Use (prior if being demolished): EXTERIOR TRENCH	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 08/07/15	Scheduled Completion Date (11) 08/14/15	Name of OSHA Monitor 1 ENVIROVISION, 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 Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: M-F 3:00 PM - 5:00 AM - Exterior Trench		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) EXTERIOR HTHW TRENCH	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 150 LF
			Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Disposal Date 08/14/15	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i> Date July 23, 2015

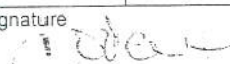
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 2849

GAC Project # 491-15

<u>Date of Notification (1)</u> July 23, 2015		<u>Name of Building Owner/Operator (2)</u> NORTHERN HIGHLANDS REGIONAL HS BOE	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 298 HILLSIDE AVENUE		<u>City, State, Zip Code</u> ALLENDALE, NJ 07401	
<u>Name of Contact</u> JAMIE ATCHISON		<u>Telephone Number</u> 00	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 298 HILLSIDE AVENUE		<u>Sq. Feet:</u> ~200,000SF <u># of Floors:</u> 2 <u>Bldg. Age:</u> 50+ years	
<u>City (5)</u> ALLENDALE	<u>County (6)</u> BERGEN	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		<u>ASCM No.</u> 0090	
<u>Street Address</u> 401 ST. JAMES AVENUE		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> PHILLIPSBURG, NJ 08865		<u>Street Address</u> 268 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> JON GILBERT	<u>Telephone Number</u> 908-454-6316	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 08/03/15	<u>Scheduled Completion Date (11)</u> 08/10/15	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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"/> Facility Occupied During Entire Period of Abatement SHIFT HOURS 7AM - 7PM (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Cafeteria Kitchen		<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> DUCT INSULATION
<u>Amount (Specify SF or LF)</u> 178 SF		<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc.		<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 10 CY <u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 08/10/15	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> 	<u>Date</u> June 23, 2015

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

Date of Notification (1) 7-22-2015		Name of Building Owner/Operator (2) Bergen County Technical School							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 327 East Rigwood ave							
		City, State, Zip Code Paramus NJ 07652							
		Name of Contact Thomas Jodice	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen County Technical High School		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 275/285 Pascack Road		Square Feet	# of Floors						
City (5) Paramus, nj 07652		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Incorporate		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church ST		Street Address 254 Cumberland Ave							
City, State, Zip Code Moorestown , NJ 08057		City, State, Zip Code Paterson NJ 07502							
Project Manager for Monitoring Firm Michael R Stocku		Telephone No. 856-8408800	Telephone No. 973-9426924						
		License No. 01129							
Start Date (10) 7-23-15	Scheduled Completion Date (11) 7-23-15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input 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 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
Boiler Room			x	Boiler gasket insulation material	5 LF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 5 yd	Name of Registered Landfill Waste Management					
City, State Paterson NJ		Disposal Date 7-24-15		City, State Tullitown PA					
Completed by Dorian Carpio		Title Manager		Signature 		Date 7-22-15			